ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 359 Y
Registered No. 24

1. PLACE OF BIRTH

County: Maricopa State: Arizona

District or Township: or Village: Wickenburg

City: No. St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Betty Rose Cameron (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Girl

To be answered ONLY in event of plural births.

4. Twin, triplet or other: 1

5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: Oct 16 1926 (Month Day Year)

8. FATHER

Full name: James Russel Cameron

9. Residence (Usual place of abode): Wickenburg

If non-resident, give place and state: Arizona

10. Color or race: White

11. Age at last birthday: 25 (Years)

12. Birthplace (city or place): Wagner (State or country): Arizona

13. Occupation: Civil Engineer

Nature of industry:

14. MOTHER

Full maiden name: Bessie Alice Covell

15. Residence (Usual place of abode): Wickenburg

If non-resident, give place and state: Arizona

16. Color or race: White

17. Age at last birthday: 19 (Years)

18. Birthplace (city or place): Canon City (State or country): Colorado

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 1
(b) Born alive but now dead: 1
(c) Stillborn: 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 4 P. m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature: J A Copeland M.D. (Physician or midwife)

Given name added from a supplemental report: (Month, day, year)

Address: Wickenburg

Registrar

Filed 10/21 1921 J A Copeland Registrar

235-1016-233