

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH.

State File No. 137

Registered No. 403

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 15 Porto Rico Canon St. _____ Ward _____

2. Full name of child Macedonio Campos (If birth occurred in a hospital or institution, give its NAME instead of street and number) { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Sept. 12-1928 Month Day Year

8. FATHER Full name Faustino Campos

9. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Jalisco (State or country) Mex.

13. Occupation Nature of industry Smelterman

14. MOTHER Full maiden name Maria Pedrozi

15. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Jalisco (State or country) Mex.

19. Occupation Nature of industry Housewife

20. Number of children of this mother 11 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 5 (b) Born alive but now dead 6 (c) Stillborn _____ 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 born alive at 3 A. m. on the date above stated. (Born alive or stillborn)

* 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 Cyril M. Cron M.D. Physician (Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____

Filed Sept 20 1928 E. E. Derry Registrar.

Registrar.

432-912-479

a case of more than one child at a birth a SEPARATE RETURN must be made for each, and the number of each order of birth stated.