

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

State File No. 120  
 Registered No. 305

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Miami Copper Co. Hills or Village \_\_\_\_\_  
 City Miami No. Miami-Hospital St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Laureline Marcell Cameron { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth Month <u>July</u> Day <u>2</u> Year <u>1929</u>
		5. No., in order of birth.		

8. **FATHER**  
 Full name Stanley William Cameron  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 10. Color or race White  
 11. Age at last birthday 27 (Years)  
 12. Birthplace (city or place) Halifax  
 (State or country) N. S. Canada  
 13. Occupation Druggist  
 Nature of industry \_\_\_\_\_

14. **MOTHER**  
 Full maiden name Avilia Marcell Barnett  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.  
 16. Color or race White  
 17. Age at last birthday 21 (Years)  
 18. Birthplace (city or place) Clifton  
 (State or country) Arizona  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother <u>1</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 1 P. 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 H. H. Miller  
 \_\_\_\_\_  
(Physician or midwife.)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
 a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filled July 12 1929 J. E. Davis Registrar