

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

State File No. 142
 Registered No. 379

1. Name of child Gitas State Arizona
 District or Township _____ or Village _____

City Miami No. 42 Bull Park St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rivalda Campos (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 _____ 6. Legitimate? yes 7. Date of birth July 8 1929
 Month Day Year

8. FATHER Full name Joaquin Campos 14. MOTHER Full maiden name Senida Campos

9. Residence 42 Bull Park (Usual place of abode) 15. Residence 42 Bull Park (Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 30 (Years) 16. Color or race Mexican 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) San Juan de los Lagos Jalisco Mexico (State or country) 18. Birthplace (city or place) San Juan de los Lagos Jalisco Mexico (State or country)

13. Occupation Miner Nature of industry _____ 19. Occupation Housewife Nature of industry _____

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 1 (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 alive at 2 A. m. on the date above stated.
 (Born alive or stillborn.)

Signature Rosa Cortez (Physician or midwife).

Given name added from a supplemental report _____ Address 826 Sullivan St

Month, day, year _____ Filed July 15, 1929 J. E. Tom Registrar

Registrar