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

State File No. _____
Registered No. 134

PLACE OF BIRTH

City Gila State Ariz.
Precinct or Township _____ or Village _____

St. _____ Ward _____
No. _____
Full name of child Ralph Jack Campbell
(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.)

Sex of Child Male To be answered ONLY In event of plural births.
4. Twins, triplet or other _____ 6. Legitimate? Yes
7. Date of birth July 19, 1929
Month Day Year

FATHER
1. Name Frank B. Campbell
2. Residence (Usual place of abode) Globe Ariz.
non-resident, give place and state.
3. Color or race white
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Hartford Ala.
(State or country)
13. Occupation miner
Nature of industry

MOTHER
14. Full maiden name Mabel Irene De Cloz
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
16. Color or race white
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Bishop Calif.
(State or country)
19. Occupation Housewife
Nature of industry

Number of children of this mother 4
20. Sexes as of time of birth of child herein specified and including this child.
(a) Born alive and now living 4
(b) Born alive but now dead 0
(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 born alive at 11:25 A.M. on the date above stated.
(Born alive or stillborn.)

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

Signature T. S. Harper
physician
(Physician or midwife)

Address Globe Arizona

Filed 8/7 1929 H. E. Wightman
Registrar

Signature _____
Month, day, year _____
Registrar