

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

State File No. 423
 Registered No. 42

1. PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Beverly Jean McCallister
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?	7. Date of birth <u>Apr. 11, 1930</u> Month Day Year
		5. No., in order of birth		

8. FATHER
 Full name Farris Lee McCallister

14. MOTHER
 Full maiden name Nellie Pauline Lindley

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

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

10. Color or race
White

16. Color or race
White

11. Age at last birthday 26 (Years)

17. Age at last birthday 20 (Years)

12. Birthplace (city or place)
 (State or country) Texas

18. Birthplace (city or place)
 (State or country) Douglas Ariz.

13. Occupation
 Nature of Industry Shipping clerk

19. Occupation
 Nature of Industry Housewife

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	<u>2</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

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 1:52 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 T. C. Harper

 (Physician or Midwife)

Given name added from a supplemental report
 Month, day, year
249-411-538
 Registrar

Address Globe, Arizona

 Filed 5/12 1930 H. E. Waghman
 Registrar

order of birth stated.