ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 128

Registered No. 41

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI No. Miami Inspiration Hospital St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Robert Bruce McCallum {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 Feb 25 1932 (Month Day Year)

8. FATHER

Full name Robert Montfort McCallum

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 26 (Years)

12. Birthplace (city or place) Kansas City

(State or country) Missouri

13. Occupation Agent American Rail

Nature of industry Road Express

14. MOTHER

Full maiden name Mamie Pool

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 25 (Years)

18. Birthplace (city or place) Duke

(State or country) Oklahoma

19. Occupation Housewife

Nature of industry

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 2

(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 alive (Born alive ~~or stillborn~~.) at 2:30 A m. on the date above stated.

* 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 F. F. Miller

F. F. MILLER, M. D.

(Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address MIAMI, ARIZONA

945-225-473

Registrar

Filed Mch 2 1932, Charles E. Irwin

Registrar

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

...A WITH UNFADING INK—THIS IS A PERMANENT RECORD