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

State File No. 147

Registered No.

1. PLACE OF BIRTH

County: Gila — State: Arizona

District or Township: Payson — or Village:

City: — No. — St. — Ward

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

2. Full name of child: Barbara Ann McCain

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female

To be answered ONLY in event of plural births.

4. Twin, triplet or other:

5. No., in order of birth: 3rd

6. Legitimate? Yes

7. Date of birth: 3-26-32 (Month Day Year)

FATHER

8. Full name: Emmet McCain

9. Residence (Usual place of abode): Payson, Ariz

If non-resident, give place and state:

10. Color or race: White

11. Age at last birthday: 36 (Years)

12. Birthplace (city or place): California

(State or country)

13. Occupation

Nature of industry: Farmer

MOTHER

14. Full maiden name: Violet Bell

15. Residence (Usual place of abode): Payson Ariz

If non-resident, give place and state:

16. Color or race: White

17. Age at last birthday: 30 (Years)

18. Birthplace (city or place): London

(State or country): England

19. Occupation

Nature of industry: Housewife

20. Number of children of this mother: 3

(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:

(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 born alive at 11:50 a.m. on the date above stated

(Born alive or stillborn.)

Signature: C. H. Rissen M.D.

(Physician or midwife)

Address: Payson Ariz

Filed 4/1/32, 19

C. H. Rissen

Registrar

* 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.

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

245-326-523

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.