ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 596

Registered No.

1. PLACE OF BIRTH

County: Pima State: ARIZONA

Township: or Village:

City: Ajo No. New Cornelia Hospital St. Ward

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

2. Full name of child: Ann Janice McCallum {If child is not yet named, make supplemental report, as directed

3. Sex: Female | If plural births {4. Twin, triplet, or other: 5. Number, in order of birth: | 6. Premature: Full term: yes | 7. Is mother married? yes | 8. Date of birth: Oct - 16, 1935 (Month, day, year)

FATHER	MOTHER
9. Full name: Gerald James McCallum	18. Full maiden name: Suleima Gregerson
10. Residence (usual place of abode) (If non-resident, give place and State): Ajo, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State): Ajo Arizona
11. Color or race: White 12. Age at last birthday: 29 (Years)	20. Color or race: White 21. Age at last birthday: 31 (Years)
13. Birthplace (city or place): Hibbing (State or country): Minnesota	22. Birthplace (city or place): (State or country): Denmark
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steam shovel operator	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: P.D. Copper Mining Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
16. Date (month and year) last engaged in this work: At present, 1935 17. Total time (years) spent in this work: 10 yrs.	25. Date (month and year) last engaged in this work: At present, 1935 26. Total time (years) spent in this work: 4 yrs.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation: {months or weeks 29. Cause of stillbirth: {Before labor: During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 45 a. m. on the date above stated

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H J Ohl, M. D.

or, Midwife

Given name added from a supplemental report

Address Ajo, Arizona

Filed Mar 7, 1935 Katheryne Wood Registrar.

Katheryne Wood (Date) Registrar.

10M 7-19-35 Form No. 2 MS

144-1016-275

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.