

1536

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

State File No. _____
Registered No. 149

1. PLACE OF

County _____ State ARIZONA
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 James William McLean { If child is not yet named, make supplemental report, as directed

3. Sex Male 4. Twin, triplet, or other _____ 6. Premature _____ 7. Is mother married? Yes 8. Date of birth Jan. 18, 1919, (Month, day, year)

9. Full name Dr. Calvin McLean (McLean) FATHER 18. Full maiden name Ethel Kinder (Kinder) MOTHER

10. Residence (face of abode) (If non-resident, give place and State) Miami Ariz. 19. Residence (usual place of abode) (If non-resident, give place and State) Miami Ariz.

11. Color or race White 12. Age at last birthday 44 (Years) 20. Color or race White 21. Age at last birthday 37 (Years)

13. Birthplace (place) Goldenville, Nova Scotia 22. Birthplace (city or place) Goodwin (State or country) California

14. Trade, profession, or particular kind of work done, as spinner, sawyer, cooper, etc. Engineer, Stationary 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, etc. Copper Mining 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 _____, 19____ 17. Total time (years) spent in this work Attended 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

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

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 at 1:30 AM on the date above stated (Born alive or stillborn)

(Signed) Thos. O. Brown M. D.

Address Miami, Arizona Registrar. C. M. Brown

Filed Oct. 22nd, 1935 Registrar.

MARGIN RESERVED FOR BINDING
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.

145-118-529