SUPPLEMENT ATTACHED

PLACE OF BIRTH

1. County of Gila

District of

Town of

or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

County Registrar No. 97

Local Registrar No.

No. St. Ward

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

2. Full name of child Ferris Leroy McCallister } 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 June 15, 1928 (Month day year)

FATHER

8. Full name Ferris Lee McCallister

9. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday 25 (Years)

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

13. Occupation

Nature of industry Salesman

MOTHER

14. Full maiden name Nellie Pauline Lindley

15. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Douglas, (State or country) Arizona

19. Occupation

Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living One

(b) Born alive but now dead None

(c) Stillborn None

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 (Born alive or stillborn.) at 10 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 evidences of life after birth.

Signature T. C. Harper (Physician ~~or midwife~~)

Address Globe, Arizona

Given name added from a supplemental report ..... Month, day, year. Filed ....., 19.....

Local Registrar.

Registrar.

Filed 7/9, 1928

County Registrar.

649-615-538

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.