

Number of each in...
a SEPARATE order of birth...
N. B.—In case of...

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

State File No. 183 ✓
Registered No. 199

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hospital St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nancy Lee McCallum { 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 _____
6. Legitimate? Yes
7. Date of birth Oct. 23, 1928
Month Day Year

8. FATHER
Full name Newell Sella McCallum

14. MOTHER
Full maiden name Nola Della Adams

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 27 (Years)

16. Color or race White
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Columbia Ill
(State or country)

18. Birthplace (city or place) Malvern Ark.
(State or country)

13. Occupation
Nature of Industry Pharmacist

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 1
(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 at 11:05 p.m. on the date above stated
(Born alive or stillborn.)

* 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 C. W. Adams
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Address Box 636, Globe, Ariz.

Month, day, year _____
Filed 11/8, 1928 G. E. Elliptical Registrar

544-1023-512