# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 253

Local Registrar's No. 16

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township ..... or Village .....

City Peoria No. ..... St. ..... Ward .....

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

2. Full name of child Jo Ann McAllister (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 Feb 17-33 (Month Day Year)

FATHER

8. Full name E. T. McAllister

9. Residence (Usual place of abode) Peoria

If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Dallas (State or country) Texas

13. Occupation Rancher Nature of industry Ranch

MOTHER

14. Full maiden name Lou Edna Powers

15. Residence (Usual place of abode) Peoria

If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Grand Prairie (State or country) Texas

19. Occupation Home wife Nature of industry On home

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 2 (b) Born alive but now dead 1 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

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 6:45 p. 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 evidence of life after birth.

Signature D S Duncan MD (Physician or midwife)

Address Peoria Arizona

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

149-217-372

Registrar

Filed ..... 19.....

Registrar