

THE PANAMA CANAL  
ZOOLOGICAL DEPARTMENT  
CERTIFICATE OF BIRTH  
(To be filed within 5 days from birth of child)

CH 77914 103

Register No. 45375

(1) Place of Birth: City Colon, R. P. No.        In Colon Hospital  
(2) Birth occurs in a hospital or institution, give the name, hospital or street and number

(3) FULL NAME OF CHILD JOHN SIDNEY MCCAIN III  
(4) Child is not yet named, make supplemental report as directed

(5) Sex of child MALE (6) Was triplet, or other?        (7) Number in order of birth         
(8) To be recorded only in case of plural births

(9) Legitimacy of Birth LEGITIMATE (10) Date of birth AUGUST 29 1936  
(11) (Month) (Day) (Year)

(12) FATHER		(13) MOTHER	
(12) Full name <u>John McCain</u>	(13) Full maiden name <u>Roberta Wright</u>	(12) Residence <u>Same</u>	(13) Residence <u>Same</u>
(12) Color or race <u>White</u>	(13) Color or race <u>White</u>	(12) Age at last birthday <u>      </u> years	(13) Age at last birthday <u>      </u> years
(12) Birthplace <u>USA</u>	(13) Birthplace <u>USA</u>	(12) Occupation <u>      </u>	(13) Occupation <u>Housewife</u>

(14) Occupation (to be reported if engaged in any remunerative employment, with statement of (a) trade, profession, or particular kind of work; (b) general nature of industry, business, or establishment in which employed, or employer; if an employer of The Panama Canal or Panama Railroad, give status, giving department or division and identification number)

(15) Number of children born to this mother, including present birth ONE

(16) Number of children of this mother now living ONE

(17) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6:25 PM on the date above stated.  
(18) (Date) (Time)

\* If it is desired to give the father's name to an illegitimate child, the following should be filled out:  
I request that this baby be given my name.

Signature R. F. Annis  
(Title) Physician  
(Physician, Midwife, or Nurse, etc.)  
Address Colon Hospital

(19) Date AUGUST 30 1936

\* Where there was no attending physician or midwife, then the father, householder, etc., should give the return showing under whom and what is his relationship to the child. If stillborn, certificate of death must also be filed. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature John Wallace  
(Physician, Health Officer, or Superintendent)  
Superintendent

Given name which does a supplemental report

(Physician, Health Officer, or Superintendent)

MARGIN RESERVED FOR BINDING

Where filed with this city's Public Trust to a permanent record. A SEPARATE RETURN must be made for each, and the number of each, is stated in the margin.

LESLEY J. JOHNS  
Terry Noble, Central Zone  
My Commission expires October 14, 1945.

Live Birth Records  
Colon Hospital  
Panama Railroad Company