ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 109

Registered No. 230

PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. Miami Inst. Hospital St. ..... Ward

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

Full name of child James Kenton Braden (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Dec. 19, 1932 (Month, day, year)

FATHER

9. Full name Leslie Andrew Braden

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz.

11. Color or race W Cauc. 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) Bisbee (State or country) Arizona

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary May Kenton

19. Residence (usual place of abode) (If nonresident, give place and State) Miami, Ariz.

20. Color or race W Cauc. 21. Age at last birthday 19 (Years)

22. Birthplace (city or place) Florence (State or country) Arizona

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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 (Born alive or stillborn) at 6 40 P. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cyril M. Cron, M. D.

or ..... Midwife

Address Miami, Arizona

Given name added from a supplemental report ..... (Date of)

125-1219-425

Registrar.

Filed Jan 15, 1933 C. E. Cronin

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case more than one child at a birth, a SEPARATE RETURN must be made for each, and ..... number of each order of birth stated.