

# ARIZONA STATE BOARD OF HEALTH

563

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. ....

STANDARD CERTIFICATE OF BIRTH

Registered No. ....

County Navajo State Arizona  
 Township Show Low or Village ..  
 City .. No. .... St. .... Ward ..

2. Full name of child William Jesse Brady (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 (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?  8. Date of birth June 18, 1939 (Month, day, year)

9. Full name Jesse James Brady FATHER 18. Full maiden name Bessie Mae Hall MOTHER  
 10. Residence (usual place of abode) (If non-resident, give place and State) Show Low 19. Residence (usual place of abode) (If non-resident, give place and State) Show Low

11. Color or race white 12. Age at last birthday 51 (Years) 20. Color or race white 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) Concho (State or country) Arizona 22. Birthplace (city or place) Bibb County (State or country) Georgia

<p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....</p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sawmill</u></p> <p>16. Date (month and year) last engaged in this work .., 19 ..</p>	<p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u></p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....</p> <p>25. Date (month and year) last engaged in this work .., 19 ..</p> <p>26. Total time (years) spent in this work ..</p>
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (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 alive at 7:25 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.

(Signed) .., M. D.  
 or Ferna E. Volieple, Midwife  
 Address Show Low, Arizona  
 Filed 7-8-39, 19 Emma Whipple, Registrar.

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

628-618-283

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in order of birth stated.