

1140

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of _____
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. _____
Co. Register No. 298
Local Registrar's No. _____
(No. _____ St. _____ Ward)

FULL NAME OF CHILD Clyde Brakefield { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive }

Sex of Child M Twin, Triplet or other 1 and Number in order of birth 1 Legitimate? Date of Birth May 30 1918
(Month) (Day) (Yr.)

FATHER
Full Name Wade J. Brakefield
Residence Miami
Color or Race Wh Age at last Birthday 28 (Years)
Birthplace Colo
Occupation Miner

MOTHER
Full Maiden Name Elizabeth Head
Residence Miami
Color or Race Wh Age at last Birthday 22 (Years)
Birthplace Ala
Occupation X

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 30 1918, at 6:00 P M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Richard E. Jones
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191_____

Address Miami

324-530-584
COUNTY REGISTRAR.

Filed July 30 1918
LOCAL REGISTRAR

Filed Aug 6 1918 * True Copy B. S. Jay
COUNTY REGISTRAR.