

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 449

Registered No. 885

1. PLACE OF BIRTH

County *Mp quicpa* State *Ariz*

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City *Phoenix* No. *2137* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Bradford Clayton Brown* (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child *male* To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date of birth *6-29-1928*  
 Month Day Year

8. FATHER Full name *Mr. Brown*

14. MOTHER Full maiden name *Quanta Brown*

9. Residence (Usual place of abode) If non-resident, give place and state.

15. Residence (Usual place of abode) *Phoenix* If non-resident, give place and state.

10. Color or race

11. Age at last birthday \_\_\_\_\_ (Years)

16. Color or race *Col.*

17. Age at last birthday *13* (Years)

12. Birthplace (city or place) \_\_\_\_\_ (State or country)

18. Birthplace (city or place) *Phoenix, Ariz* (State or country)

13. Occupation Nature of industry

19. Occupation *School Grad* Nature of industry

20. Number of children of this mother *1* (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum. *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated.

Signature *[Signature]* (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_

Month, day, year *7-5-1928* Filed \_\_\_\_\_ 19 \_\_\_\_\_ Registrar *[Signature]*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.