ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 408

Place of Birth Mesa (Registration District) County Maric No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH* Aug 24 1928 (Month) (Day) (Year)

FULL* NAME FATHER Samuel S. Bradshaw

FULL* MAIDEN NAME MOTHER Lara Estella McClellan

I HEREBY CERTIFY that the child described herein has been named

Edward Neldon Bradshaw
(Give name in full) (Surname)

x Samuel S Bradshaw
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

526 804-345