

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

Supplement attached
ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

State File No. 408
 Registered No. 261

1. PLACE OF BIRTH

County Maricopa State Arizona
 District or Township # 3 or Village _____
 City Mesa No. _____ St. _____ Ward _____

2. Full name of child Edward Nelson Bradshaw (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 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? yes
 7. Date of birth Aug 24-28
 Month Day Year

8. FATHER
 Full name Samuel Bradshaw

9. MOTHER
 Full maiden name Clair Steele Mc Clellan

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

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

10. Color or race White

11. Age at last birthday 44 (Years)

16. Color or race White

17. Age at last birthday 39 (Years)

12. Birthplace (city or place) Ariz
 (State or country)

18. Birthplace (city or place) Mex
 (State or country)

13. Occupation
 Nature of industry Aluminum Agent

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 12
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 10
 (b) Born alive but now dead 2
 (c) Stillborn 0

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 at 8:30 a.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature B. B. Mowbray
 Physician or midwife

Given name added from a supplemental report _____
 Address Tucson Ariz

Month, day, year _____
 Filed Aug 21, 1928
 Registrar W. F. Brown
 Registrar

526-824-345

by m.m.s.