

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 169

Registered No. 220

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edwin Clinton McLean (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 1 6. Legitimate? Yes 7. Date of birth Nov. 15, 1928
 Month Day Year

8. FATHER
 Full name Thomas Clinton McLean

14. MOTHER
 Full maiden name Florence Sylvia Chase

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

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

10. Color or race White 11. Age at last birthday 33 (Years)

16. Color or race White 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Gleason, Arizona
 (State or country)

18. Birthplace (city or place) Denver, Colorado
 (State or country)

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother Three (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living Three
 (b) Born alive but now dead None
 (c) Stillborn None 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 10:50 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 T. C. Harper

 (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 12/10, 1928 H. E. Wightman
 Registrar Registrar

515-1115-635