

Date of Birth Amended *Name added per affidavit & school record of registrant*
CERTIFICATE AMENDED
ARIZONA STATE BOARD OF HEALTH (9-11-72) State File No. 311
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH Registered No. _____

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Paysan Ariz. St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edith Lee Brenton { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth 7th
 6. Legitimate? yes
 7. Date of birth 11/28/28
 Month Day Year

8. FATHER
 Full name R. J. Brenton

14. MOTHER
 Full maiden name Augusta Lewis

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

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

10. Color or race W

11. Age at last birthday 36 (Years)

16. Color or race W

17. Age at last birthday 28 (Years)

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

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

13. Occupation
 Nature of industry Mechanic

19. Occupation
 Nature of industry H.W.

20. Number of children of this mother 7
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead 0
 (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 5 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 Ch. H. Rissner

 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____

Address Paysan Ariz.

Registrar _____

Filed 12/1, 1928 Ch. H. Rissner
 Registrar

525-1128-132