

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 of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 536
Registered No. 487

1. PLACE OF BIRTH

County Maricopa State Arizona
District or Township _____ or Village _____
City Phoenix No. Rt. #4, Box 57A. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gardiner McBridee { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>3/29/29</u> Month Day Year
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8. FATHER
Full name R. M. McBridee

14. MOTHER
Full maiden name Ida Wolford

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

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

10. Color or race white
11. Age at last birthday 37 (Years)

16. Color or race white
17. Age at last birthday 20 (Years)

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

18. Birthplace (city or place) New Mexico
(State or country)

13. Occupation Laborer
Nature of Industry

19. Occupation HW
Nature of Industry

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 11:30p. 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 W. C. Ellis

Physicians Bldg. (Physician or midwife).
Phoenix, Arizona
Address

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

Filed _____, 19____
Registrar W. C. Ellis

745 - 329 - 964