

552

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo  
District of \_\_\_\_\_  
Town of Snowflake  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 481  
County Registrar No. 298  
Local Registrar No. \_\_\_\_\_

2. Full name of child Emma Shelly  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Oct 9 1924  
Month Day Year

8. FATHER  
Full name Thomas Heber Shelly  
9. Residence (Usual place of abode) Heber  
If nonresident, give place and state Arizona

14. MOTHER  
Full maiden name Eva Tanner  
15. Residence (Usual place of abode) Heber  
If nonresident, give place and state Arizona

10. Color or race White 11. Age at last birthday 39 (Years)

16. Color or race white 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Heber  
(State or country) Arizona

18. Birthplace (city or place) St. Joseph  
(State or country) Arizona

13. Occupation Merchant and  
Nature of industry Farmer

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 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 or stillborn.) at \_\_\_\_\_ m. on the date above stated.

\*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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature Emma L. Smith (Physician or midwife)  
Address Snowflake

Month, day, year. \_\_\_\_\_ Filed Nov 4 1924 Willie R. Freeman Local Registrar.  
Registered \_\_\_\_\_ Filed 11-20-1924 J.M. Bayliss County Registrar.

528-1009-539

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.