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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Navajo
District of _____
Town of Saint Joseph
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
Co. Register No. 44
Local Registrar's No. 3

St; _____ Ward) _____
FULL NAME OF CHILD Alice Shelley } Born YES
Alive yes

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female } Twin, Triplet or other one } and } Number in order of birth 1 } Legitimate? yes } Date of Birth Feb. 15 1918
(Month) (Day) (Yr.)

FATHER
Full Name Walter Clyde Shelley
Residence St. Joseph
Color or Race white Age at last Birthday 23 (Years)
Birthplace Heber
Occupation Stockman & Farmer

MOTHER
Full Maiden Name Roxie Smith
Residence St. Joseph
Color or Race white Age at last Birthday 21 (Years)
Birthplace Snowflake
Occupation Housewife

Number of child of this mother... 1... Number of children, of this mother, now living... 1... Were precautions taken against Ophthalmia neonatorum? yes...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb. 15 1918, at 7 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Mrs. J. H. Richards
(Attending physician, midwife, householder.)*

Address St. Joseph Ariz.

Given or christian name added from a supplemental report _____ 191_____

Filed _____ 191_____

J. H. Richards
LOCAL REGISTRAR
W. K. Zell
COUNTY REGISTRAR

128-215-928
COUNTY REGISTRAR.

Filed _____ 191_____

A True Copy