

PLACE OF BIRTH
 County of Maricopa
 District of St. Joseph
 Town of _____
 or _____
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 State Index No. 475

ORIGINAL CERTIFICATE OF BIRTH
 Co. Register No. _____
 Local Registrar's No. _____

FULL NAME OF CHILD Bertha Marie Shelley } Born NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

Sex of Child <u>Female</u>	Twin, Triplet or other <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Nov 19 1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>George Elsmore Shelley</u>	Residence <u>Heber Ariz.</u>		Full Maiden Name <u>Margaret C. Butler</u>	Residence <u>Heber Ariz.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>27</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>22</u> (Years)	
Birthplace <u>Heber Ariz.</u>	Occupation <u>Stockman</u>		Birthplace <u>Taylor Arizona</u>	Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on Nov 19 1919, at 9 A.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.)*

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

Address Filed Dec 1 1919

228-1119-429
 COUNTY REGISTRAR.

A True Copy Filed Dec 5 1919

J. H. Richards
 LOCAL REGISTRAR.
Geo. Mampun
 COUNTY REGISTRAR.