

WRITE FULL UNFADING INK—THIS IS A PERMANENT RECORD  
 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176

District of \_\_\_\_\_

Town of \_\_\_\_\_

County Registrar No. \_\_\_\_\_

or  
 City of Globe

No. 245 N. Southerland St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Local Registrar No. 258

2. Full name of child Edward Junior Shelley } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male } To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_ }  
 5. Legitimate? Yes  
 7. Date of birth 12 21 26  
 Month day year

3. FATHER  
 Full name John Edward Shelley

14. MOTHER  
 Full maiden name Fern Oliver

9. Residence (Usual place of abode) 245 N. Southerland  
 If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) 245 N. Southerland  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race white  
 11. Age at last birthday 22 (Years)

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

12. Birthplace (city or place) Keber, Arizona  
 (State or country)

18. Birthplace (city or place) Taylor, Arizona  
 (State or country)

13. Occupation  
 Nature of industry Cattleman

19. Occupation  
 Nature of industry H.W.

20. Number of children of this mother (a) Born alive and now living 2  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)  
 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 5:27 p. 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 evidences of life after birth.  
 Signature S. E. Wightman, D.M.P. (Physician or midwife)

Address Globe, Arizona  
 Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 Month, day, year. Filed 12-31-26 Local Registrar. \_\_\_\_\_

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

528-1221-669