

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Navajo BUREAU OF VITAL STATISTICS State Index No. 431
 District of Saint Joseph ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 14
 Town of _____ Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Edwin Earl Shelley { Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Jan 30 1923</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Ammon Edwin Shelley</u>			Full Maiden Name <u>Elna Manerovia Porter</u>		
Residence <u>Heber Arizona</u>			Residence <u>Heber Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>25</u> (Years)			Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Heber Arizona</u>			Birthplace <u>Central Arizona</u>		
Occupation <u>Stockman</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>1</u>		Number of children of this mother now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Jan 30 1923, at 11.M.

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

(Signature) Mary Richards
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 192 _____

Address Saint Joseph Arizona
J. B. Richards
 LOCAL REGISTRAR.

528-130-579
 COUNTY REGISTRAR.

Filed July 31 1923
 A True Copy
 Filed July 5 1923
J. M. Mumpson
 COUNTY REGISTRAR.