

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

422

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. ~~XXXX~~

Place of Birth Joseph City County Navajo No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number order of birth
Male					
DATE OF BIRTH*	May 24, 1927				
	(Month)	(Day)	(Year)		
FULL* NAME	FATHER George Elsmore Shelley				
FULL* MAIDEN NAME	MOTHER Margaret Cleo Butler				

I HEREBY CERTIFY that the child described herein
has been named

James Kimball Shelley

(Give name in full)

(Surname)

James H. Butler
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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RECEIVED

JUN 10 1927

Ans. _____

File _____