

*Surname added by supplement of*

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 422

Registered No. 124-524-1139

1. PLACE OF BIRTH Joseph City  
County Navajo Co State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Kimball Shelly (If child is not yet named, make supplemental report, as directed.)  
3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth May 24 1929  
Month May Day 24 Year 1929

8. FATHER  
Full name George Elmore Shelly  
9. Residence (Usual place of abode) Joseph City  
If non-resident, give place and state Arizona  
10. Color or race white  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Heber  
(State or country) Arizona  
13. Occupation Farmer  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Margaret Ches Butler  
15. Residence (Usual place of abode) Joseph City  
If non-resident, give place and state Arizona  
16. Color or race white  
17. Age at last birthday 30 (Years)  
18. Birthplace (city or place) Taylor  
(State or country) Arizona  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother six  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
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 May 24 at 6 Am. 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 evidence of life after birth.  
Signature Anna Nelson  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Taylor  
Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Month, day, year 124-524-1139  
Registrar A. B. Randall

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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.