

2201

NAME ADDED BY SUPPLEMENT *ES*

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of *Navajo*

BUREAU OF VITAL STATISTICS

315 State Index No. *1084*

District of

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. *183*

Town of *St Joseph*

Local Registrar's No.

or

City of

(No. St; Ward)

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

Sex of Child *Male* Twin, Triplet or other *one* and Number in order of birth *2* Legitimate? *yes* Date of Birth *Dec. 8* 191*5*  
(Month) (Day) (Yr)

FATHER  
Full Name *Thomas Heber Shelley*  
Residence *Heber Arizona*  
Color or Race *white* Age at last Birthday *30* (Years)  
Birthplace *Heber Arizona*  
Occupation *Stockman*

MOTHER  
Full Maiden Name *Eva Tanner*  
Residence *Heber Arizona*  
Color or Race *white* Age at last Birthday *24* (Years)  
Birthplace *Saint Joseph Ariz*  
Occupation *Housewife*

Number of child of this mother... *2* Number of children, of this mother, now living... *2* Were precautions taken against Ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on *Dec 8* 191*5*, at *3* 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 *Saint Joseph Ariz*

Filed..... 191.....

*J. H. Richards*  
LOCAL REGISTRAR.

*128-1209-539*  
COUNTY REGISTRAR.

Filed *1-8* 191*6*

A True Copy  
*T. W. Beard*  
COUNTY REGISTRAR.

Middle with