

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo
 District of Heber
 Town of Heber
 or
 City of _____ No. _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 460
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Beland Stapley Shelley (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
 { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth May 20 1928
 Month Day Year

8. FATHER
 Full name Thos Heber Shelley

14. MOTHER
 Full maiden name Eva Sanner

9. Residence (Usual place of abode) Heber
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race White

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11. Age at last birthday 42 (Years)

17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Heber
 (State or country) Arizona

18. Birthplace (city or place) St. Joseph
 (State or country) Arizona

13. Occupation Farmer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother Five (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living (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 Nancy 20 at 11 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 evidence of life after birth.

Signature Anna Nelson
 (Physician or midwife)

Address Joseph E. May

Given name added from a supplemental report. Filed _____, 19____
 Month, day, year

Mrs. Alva Foster
 Local Registrar.

Registrar Filed _____, 19____ County Registrar.

328-520-539