

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 504
County Registrar No. _____
Local Registrar No. _____

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

2. Full name of child Lorin Gale Shelley (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth April 11, 1929
Month Day Year

FATHER
Full name John Edward Shelley
9. Residence (Usual place of abode) Heber
If non-resident, give place and state.

MOTHER
Full maiden name Fern Oliver
14. Residence (Usual place of abode) Heber
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 25 (Years)

16. Color or race white 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Joseph City Arizona
(State or country)

18. Birthplace (city or place) Taylor, Arizona
(State or country)

13. Occupation Stock man
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 2
Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child. } (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 Alive at 11 a.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 Mrs. Fern Oliver (Mother)
Address Shawlow Park (Physician or midwife)

Given name added from a supplemental report. Filed _____, 19 Mrs. Olga Porter
Month, day, year Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

328-411-669