

S. 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.

THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 432
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Lowell Franklin 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	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 30 1927</u>
<u>male</u>				Month Day Year

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

14. MOTHER
 Full maiden name Elva Mercedes Bigler
 15. Residence (Usual place of abode) Heber
 If non-resident, give place and state.

10. Color or race white
 11. Age at last birthday 29 (Years)

16. Color or race white
 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Central
 (State or country) Arizona

13. Occupation
 Nature of industry farmer + stock raiser

19. Occupation housewife
 Nature of industry

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3
 (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 alive at 7 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 Edith Whitener Nurse
(Physician or midwife).
 Address Central Arizona

Given name added from a supplemental report
 Filed June 4, 1927 Mrs. Alva Porter
 Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

328-530-529