

PLACE OF BIRTH

1. County of Navajo
 District of _____
 Town of Joseph
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 485
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Luella Shelley. (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 April 23 1925
 Month Day Year

8. FATHER
 Full name George E. Shelley
 9. Residence (Usual place of abode) Joseph city
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Margaret Butler
 15. Residence (Usual place of abode) Joseph city
 If non-resident, give place and state.

10. Color or race white
 11. Age at last birthday 32 (Years)

16. Color or race white
 17. Age at last birthday 28 (Years)

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

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

13. Occupation Farmer
 Nature of industry

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 4
 (b) Born alive but now dead 1
 (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 born alive at 12-45 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 Emma L. Smith (Physician or midwife).
 Address Snowflake Navajo Co. Ariz.

Given name added from a supplemental report _____ Filed May 31 1925 Mrs. J. L. Westover
 Month, day, year Local Registrar.

Registrar _____ Filed _____ 19 _____ County Registrar

328-423-429