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R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Maricopa
 District of Saint Joseph
 Town of _____
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 418
 Co. Register No. 231
 Local Registrar's No. 8

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

Sex of Child <u>Male</u>	Twin, Triplet or other <u>one</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>10 4 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Thomas Heber Shelley</u>			Full Maiden Name <u>Eva Tanner</u>		
Residence <u>Heber Arizona</u>			Residence <u>Heber Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>36</u> (Years)			Age at last Birthday <u>29</u> (Years)		
Birthplace <u>Heber Arizona</u>			Birthplace <u>Saint Joseph Ariz</u>		
Occupation <u>Merchant</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 hereby certify that I attended the birth of the above child; and that it occurred on Oct 4 1921, at 7 P M.

*When there is no attending physician or midwife, then the householder should make this return.
 (Signature) Mary Richards
 (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191____
 Address _____
 Filed Oct 5th 1921
J. H. Richards
 LOCAL REGISTRAR.
 A True Copy
 Filed Nov 5 1921
W. H. Sampson
 COUNTY REGISTRAR.
428-1004-539
 COUNTY REGISTRAR.