

2225

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Navajo District of Heber Pinal Town of Heber Ariz Pinal or City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

State Index No. 426 Co. Registrar No. 246 Local Registrar's No. 15

**ORIGINAL CERTIFICATE OF BIRTH**

Full Name of Child Pearl Shelby { Born YES }  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive NO }

Sex of Child <u>Female</u>	Twin, Triplet or other	{ and }	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>Oct. 18 1921</u> (Month) (Day) (Yr.)
<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>George Elmore Shelby</u>			Full Maiden Name <u>Margaret Cleo Butler</u>		
Residence <u>Heber Ariz</u>			Residence <u>Heber Ariz</u>		
Color or Race <u>White</u> Age at last Birthday <u>29</u> (Years)			Color or Race <u>White</u> Age at last Birthday <u>24</u> (Years)		
Birthplace <u>Heber Ariz</u>			Birthplace <u>Taylor Ariz</u>		
Occupation <u>Farmer</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>3rd</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\***

I hereby certify that I attended the birth of the above child, and that it occurred on Oct 18 1921, at 4 A M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Florence Wahl Brandell  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a \_\_\_\_\_ Address Pinedale Ariz

Supplemental report \_\_\_\_\_ 192 \_\_\_\_\_ Filed Nov 10 1921 Isabel W. Brewer  
LOCAL REGISTRAR.

728-1018-129 A True Copy Filed Dec 5 1921 Cruffman  
COUNTY REGISTRAR. COUNTY REGISTRAR.