

2323

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 485
County Registrar No. 19
Local Registrar No. 11

2. Full name of child Reed 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 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 November 29, 1923
Month Day Year

8. FATHER
Full name George Elmore Shelley

14. MOTHER
Full maiden name Margaret Cleo Butler

9. Residence (Usual place of abode) St. Joseph
If nonresident, give place and state

15. Residence (Usual place of abode) St. Joseph, Arizona
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 31 (Years)

16. Color or race White 17. Age at last birthday 26 (Years)

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

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

13. Occupation
Nature of industry Farmer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living yes (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 born alive at 1:45 p.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. Ethel Westover (Physician or midwife)

Address St. Joseph, Arizona

Given name added from supplemental report Dec 3, 1923
Month, day, year.

Filed Dec 4th 1923 J. H. Richards Local Registrar.

Filed 12-15- 1923 J. O. Taylor County Registrar.

928-1129-429