

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 426

County of Navajo

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No.

District of Snowflake

Local Registrar's No.

Town of Snowflake

or
City of

(No. St; Ward)

FULL NAME OF CHILD Ruth Shelby

Born YES
Alive NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>F.</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth <u>Sept. 13</u> Month Day Yr. <u>1925</u>
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FATHER
Full Name Walter C. Shelley
Residence Amarillo, Tex
Color or Race W. Age at last Birthday 30 Years
Birthplace Heber, Ariz.
Occupation Railway Mail Clerk

MOTHER
Full Maiden Name Roxie Smith
Residence Amarillo, Texas
Color or Race White Age at last Birthday 29 Years
Birthplace Snowflake, Ariz.
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 13, 1925 at 2³⁰ AM.

*When there is no attending physician or midwife, then the householder should make this return.

Signature J. N. Healywood
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report..... 191.....

Address Snowflake

928-913-928

Filed Sept 17 1925

J. H. Frost
LOCAL REGISTRAR.

A True Copy

COUNTY REGISTRAR.

Filed.....191.....

COUNTY REGISTRAR.

MARGIN RESERVED FOR BINDING
Write plainly with Unfading Ink. This is a permanent Record.
If more than one child at birth, a SEPARATE RETURN must be made for each, per of birth, stated. This certificate must be filed by the attending Physician within 5 days after birth.