

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Navajo

District of \_\_\_\_\_

Town of Heber

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 502

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 William Ralph Shelley { 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. Legitimacy? Yes 7. Date of birth March 12 1926  
Month Day Year8. FATHER  
Full name Ammon Edwin Shelley  
9. Residence (Usual place of abode) Heber  
If non-resident, give place and state.14. MOTHER  
Full maiden name Elva Manervic Bigler  
15. Residence (Usual place of abode) Heber  
If non-resident, give place and state.10. Color or race white  
11. Age at last birthday 27 (Years)16. Color or race white  
17. Age at last birthday 21 (Years)12. Birthplace (city or place) Heber Arizona  
(State or country)18. Birthplace (city or place) Central Arizona  
(State or country)13. Occupation  
Nature of industry Trammer19. Occupation Housewife  
Nature of industry20. 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 2  
(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 Alive (Born alive or stillborn) at 1-15 a.m. on the date above stated

\* 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 Ariz.Given name added from a supplemental report  
Month, day, yearFiled \_\_\_\_\_ 19 Mrs. Elva Porter  
Local Registrar.

Registrar

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
County Registrar.

629-312-521