

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

267  
 State File No. 220  
 Registered No. 24

**1. PLACE OF BIRTH**

County Isila State Ariz.  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Islobe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Shirley Mae Steele (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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date Jan; 27, 1930  
 5. No., in order of birth \_\_\_\_\_ of birth Month Day Year

8. FATHER  
 Full name John Frederick Steele

14. MOTHER  
 Full maiden name Mabelle Henry

9. Residence (Usual place of abode) Islobe Ariz.  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Islobe Ariz.  
 If non-resident, give place and state.

10. Color or race white

11. Age at last birthday 23 (Years)

16. Color or race white

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Kansas City Mo.  
 (State or country)

18. Birthplace (city or place) Kansas City Kans.  
 (State or country)

13. Occupation Boilermaker  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. 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 1  
 (b) Born alive but now dead 0  
 (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 8:00 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 T. C. Harper  
physician  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Islobe, Arizona

Month, day, year \_\_\_\_\_ Filed 2/10 1930 Dr. E. W. Wightman Registrar

Registrar

Registrar

225-127-488

order of birth status.

must be made for