(2)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 202

Registered No. 180

1. PLACE OF BIRTH

County Gila State Ariz.

District or Township Globe or Village

City Globe No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Phyllis May Shelander (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 5. No., in order of birth | 6. Legitimate? Yes | 7. Date of birth Aug. 20, 1930 (Month Day Year)

FATHER	MOTHER
8. Full name Kenneth Shelander	14. Full maiden name Violet Marshall
9. Residence (Usual place of abode) Globe	15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz	If non-resident, give place and state. Ariz
10. Color or race White	16. Color or race White
11. Age at last birthday 24 (Years)	17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Callender	18. Birthplace (city or place) Gilmore Cit
(State or country) Iowa	(State or country) Iowa
13. Occupation Dairyman	19. Occupation Housewife
Nature of industry	Nature of industry

20. Number of children of this mother 1 (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 0

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 (Born alive or stillborn.) at 8:20 P. 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 T. C. Harper

Physician (Physician or Midwife).

Address Globe, Ariz.

Given name added from a supplemental report _____ Month, day, year

Filed 9/6, 1930 L. E. Wightman M.D. Registrar

Registrar

729-830 543

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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