

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

134

PLACE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 72  
Arizona \_\_\_\_\_

County Gila State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Full name of child Donald Roy Skelly (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 Male If plural births  4. Twin, triplet, or other  6. Premature  Full term yes 7. Legitimate?  8. Date of birth May 24, 1935 (Month, day, year)

FATHER  
18. Full maiden name Bryan Jefferson Skelly  
19. Residence (usual place of abode) (If non-resident, give place and State) Globe, Ariz.  
20. Color or race White 21. Age at last birthday 38 (Years)  
22. Birthplace (city or place) (State or country) Silver City, New Mexico

MOTHER  
18. Full maiden name Vivian Mande Granton  
19. Residence (usual place of abode) (If non-resident, give place and State) Globe, Ariz.  
20. Color or race White 21. Age at last birthday 31 (Years)  
22. Birthplace (city or place) (State or country) Silver City, New Mexico

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pipe fitter  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lab. Electric Co.  
16. Date (month and year) last engaged in this work May 24, 1935

OCCUPATION  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home  
25. Date (month and year) last engaged in this work May 24, 1935  
26. Total time (years) spent in this work 10 yrs.

7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Two (b) Born alive but now dead none (c) Stillborn none  
8. If stillborn, period of gestation \_\_\_\_\_ months or weeks } 29. Cause of stillbirth \_\_\_\_\_ } Before labor \_\_\_\_\_ } During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:02 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. (Signed) T. C. Harper M. D.

Address Globe, Arizona Filed June 1, 1935 Registrar Juan B. ...

428-524-564 Registrar.