PLACE OF BIRTH

County of Gila

District of Miami

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 130

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 318

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Leslie Earl Shirley

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? Yes | Date of Birth Oct. 29 1916 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	James A. Shirley	Full Maiden Name	Gertrude Henry
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	27 (Years)	Age at last Birthday	24 (Years)
Birthplace	Calif	Birthplace	Nebraska
Occupation	Lumberman	Occupation	Housewife

Number of child of this mother 1 | Number of Children, of this mother, now living 1 | 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 10/29/1916, at 11 A.M.

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

(Signature) T. H. Slaughter

(Attending physician, midwife, householder.*)

Address Miami Ariz

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

Filed Oct 30 1916.

John H. Lacy

LOCAL REGISTRAR.

328-1029-788

COUNTY REGISTRAR.

Filed Nov 7 1912.

A True Copy

By _____

COUNTY REGISTRAR.

COUNTY REGISTRAR.