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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

County Registrar No. 586

Local Registrar No.

PLACE OF BIRTH

1. County of Gila,

District of Globe,

Town of

or

City of 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 Archie Leo Shelburn, } 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. Legitimate? Yes

7. Date of birth 11 (Month) 11 (day) 1924 (year)

FATHER

8. Full name: James H. Shelburne

9. Residence (Usual place of abode)

If nonresident, give place and state Globe,

10. Color or race: White

11. Age at last birthday 29 (Years)

12. Birthplace (city or place)

(State or country) Texas,

13. Occupation

Nature of industry Miner,

MOTHER

14. Full maiden name: Beatrice Barton,

15. Residence (Usual place of abode)

If nonresident, give place and state Globe,

16. Color or race: White

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Nogal,

(State or country) New Mexico,

19. Occupation

Nature of industry Housewife,

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

(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 5.20 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 evidences of life after birth.

Signature L. E. Wightman (Physician or midwife)

Address Globe, Ariz.

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

Filed 11-15, 1924 B. G. Fox Local Registrar.

Registrar.

Filed DEC 5 1924 B. G. Fox County Registrar.

125-111-225