PLACE OF BIRTH

1. County of Gila

District of

Town of

or City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172

County Registrar No.

Local Registrar No. 183

No. Hackney ave. St. Ward

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

2. Full name of child Bruce Edwin Shelburne (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: Aug. 14, 1926 (Month, day, year)

FATHER

8. Full name James H. Shelburne

9. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

10. Color or race: White

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Coleman City, (State or country) Texas

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Beatrice Barton

15. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

16. Color or race: White

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Mogal, (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 Two

(b) Born alive but now dead none

(c) Stillborn none

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 7:45 a.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.

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

Signature T. C. Harper, M.D. (Physician or midwife)

Address Globe, Arizona

Filed 8-31, 1926 Jo St. Hoxet Local Registrar.

Filed ..... 19..... County Registrar.

Registrar.

225-814-225