

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 185
Registered No. 186

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 819 Miami-A.
City Miami No. Miami-Insip. Hospital Ward _____
(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.)

2. Full name of child Mona Irene Shelton

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Feb. 19-1929
Month Day Year

5. No. in order of birth _____

8. FATHER
Full name Paul Franklin Shelton
9. Residence Miami, Arizona.
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Virginia Covey
15. Residence Miami, Arizona.
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 28 (Years)

10. Color or race Cauc. 17. Age at last birthday 18 (Years)

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

18. Birthplace (city or place) Dayton, New Mex.
(State or country)

13. Occupation Millman
Nature of Industry mining

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother 2 (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 1
(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 at 2:54 A.M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Larson M.D.
Physician (Physician or midwife)
Address Miami, Arizona
Filed May 10 1929 R. E. Jones Registrar
Registrar _____

425-319-538

S. B. - In case of more than one child at a birth, a St. ORU.