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 394

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. .....
County Registrar No. .....
Local Registrar No. .....

PLACE OF BIRTH

1. County of Navajo
District of Taylor 6
Town of Taylor
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Florene Butler { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl | 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 July 29 1932 (Month Day Year)

8. FATHER
Full name Floid Butler

9. Residence (Usual place of abode) Taylor
If non-resident, give place and state. ~~Pima~~ Ariz

10. Color or race White A | 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Pima
(State or country) Ariz

13. Occupation
Nature of industry Machinist

14. MOTHER
Full maiden name Irene Kay

15 Residence (Usual place of abode)
If non-resident, give place and state. Taylor

16 Color or race White A | 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Taylor
(State or country)

19. Occupation
Nature of industry House Wife

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 0
(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 alive (Born alive or stillborn.) at 10 30 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 evidence of life after birth.

Signature J. M. Heywood (Physician or ~~midwife~~).
Address Snowflake

Given name added from a supplemental report ..... Filed ..... 19.....
Month, day, year
Local Registrar.

Registrar

Filed Aug 8, 1932 E M Kartchner
County Registrar

629-0729-928