I. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 631
Registered No. 187

County Yavapai State ARIZONA
Township or Village
City Jerome No. United Verde Hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Female | If plural births { 4. Twin, triplets, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Is mother married? yes | 8. Date of birth June 19th, 1937 (Month, day, year)

FATHER	MOTHER
9. Full name Milford Willis Butler	18. Full maiden name Carol Olive Wignall
10. Residence (usual place of abode) (If non-resident, give place and State) Clarkdale, Ariz	19. Residence (usual place of abode) (If non-resident, give place and State) Clarkdale, Ariz
11. Color or race white 12. Age at last birthday 26 (Years)	20. Color or race white 21. Age at last birthday 20 (Years)
13. Birthplace (city or place) (State or Country) Greer Arizona	22. Birthplace (city or place) (State or Country) Hayden Arizona
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Police force	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work working, 19 17. Total time (years) spent in this work 2 1/2 yrs	25. Date (month and year) last engaged in this work working, 19 26. Total time (years) spent in this work 4 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation { months or weeks | 29. Cause of stillbirth { Before labor During labor

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 1:47 p. m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 229-619-363 (Date of)

Registrar.

(Signed) Robert Hilton, M. D.
or , Midwife
Address Clarkdale Ariz
Filed 7-9, 1937 C W Rogers Registrar.

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.

20M 1-8-36 Form No. 2 MS—100 Rag