

PLACE OF BIRTH

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. 1431
 Co. Register No. 549
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

FULL NAME OF CHILD Francis Milton Butler
 If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Sex of Child M. Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? yes Date of Birth Oct. 18 1921
 (Month) (Day) (Yr.)

FATHER
 Full Name Francis Alexander Butler
 Residence Globe, Ariz.
 Color or Race White Age at last Birthday 37 (Years)
 Birthplace Louisiana
 Occupation Farmer

MOTHER
 Full Maiden Name Clytie Estelle White
 Residence Globe, Ariz.
 Color or Race White Age at last Birthday 32 (Years)
 Birthplace Tennessee
 Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct. 18 1921, at 10³⁰ P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. Williams
 (Attending physician, midwife, householder,*)

Given or Christian name added from a

Address Globe, Arizona

supplemental report _____ 192_____

Filed Oct 20 1921

B. E. Day
 LOCAL REGISTRAR.

6294018-365
 COUNTY REGISTRAR.

Filed Nov 6 1921 A True Copy

B. E. Day
 COUNTY REGISTRAR.