

1838

PLACE OF BIRTH
 1. County of Pima ARIZONA STATE BOARD OF HEALTH
 District of _____ BUREAU OF VITAL STATISTICS State Index No. 137
 Town of Miami ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 152
 or _____ Local Registrar No. _____
 City of _____ No. _____ St. _____ Ward _____
 2. Full name of child Edith Ellen Butcher (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.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 3 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth Nov. 8, 1923
 Month Day Year

FATHER		MOTHER	
8. Full name <u>Gus Oliver Butcher</u>	14. Full maiden name <u>Nellie Delia Tippet</u>	9. Residence (Usual place of abode) <u>Miami, Ariz.</u>	15. Residence (Usual place of abode) <u>Miami, Ariz.</u>
10. Color or race <u>white</u>	16. Color or race <u>white</u>	11. Age at last birthday <u>32</u> (Years)	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Carlisle, New Mexico</u>	18. Birthplace (city or place) <u>Safford, Arizona</u>	13. Occupation Nature of industry <u>Machinist</u>	19. Occupation Nature of industry <u>Housewife</u>
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 <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born at 1:45 am on the date above stated.
 (Born alive or stillborn)
 *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 Byril M. Brown M.D. (Physician or midwife)
 Address Miami, Arizona
 Given name added from _____ Filed Feb 31 1924
 supplemental report _____ Filed 4-5 1924 C. E. Swin Local Registrar.
 _____ County Registrar.
 Registrar.

529-1108-532