WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113
County Registrar No. 498
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of Inspiration
Town of Miami
or
City of ..... No. 117 Moonshine Hill St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child male | 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 Feb 3 1926 (Month Day Year)

8. FATHER
Full name Alfred Harry Butler

9. Residence (Usual place of abode) Inspiration Arizona
If non-resident, give place and state.

10. Color or race White | 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Douglas
(State or country) Arizona

13. Occupation Boiler foreman
Nature of Industry Copper mining & milling

14. MOTHER
Full maiden name Leta May New

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

16 Color or race White | 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Raton, New Mexico
(State or country)

19. Occupation Housewife
Nature of Industry

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 3
(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 1:40 A 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. F. Muller MD (Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year Filed Feb 5, 1926 C. E. Irons Local Registrar.

..... Registrar Filed ....., 19.... ..... County Registrar.

629-203-356