

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of.....  
 District of.....  
 Town of.....  
 or  
 City of.....

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166  
 County Registrar No.....  
 Local Registrar No. 42

2. Full name of child. Margaret Elaine Yinger (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 <u>F</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. No., in order of birth. <u>2</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb 22 - 26</u> Month Day Year
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8. FATHER  
 Full name W E Yinger  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state.  
 10. Color or race W  
 11. Age at last birthday 27 (Years)  
 12. Birthplace (city or place) Cal  
 (State or country)  
 13. Occupation Machinist  
 Nature of industry RR

14. MOTHER  
 Full maiden name E B King  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state.  
 16. Color or race W  
 17. Age at last birthday 26 (Years)  
 18. Birthplace (city or place) Cal  
 (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 <u>2</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>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. m. 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 Dr. Kennedy (Physician or midwife)  
 Address Globe

Given name added from a supplemental report. Filled 2/28 1926  
 Month, day, year  
 Registrar W. W. Hunt Local Registrar.  
 Filled 2/28 1926  
 Registrar County Registrar.

489-222-527