

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

1. County of Gila
District of Winkelmann, Ariz.
Town of "
or
City of "

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

2. Full name of child Dorothy Louise Night
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
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 Yes
5. No., in order of birth 1st
6. Legitimate? Yes
7. Date of birth May 3rd 1926
Month Day Year

8. FATHER
Full name Baynton Newman Night
9. Residence (Usual place of abode) Winkelmann, Arizona
If nonresident, give place and state
10. Color or race White
11. Age at last birthday 28 (Years)

14. MOTHER
Full maiden name Lela Marguerite Shaw
15. Residence (Usual place of abode) Winkelmann, Arizona
If nonresident, give place and state
16. Color or race White
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) (State or country) Ohio, U.S.A.
13. Occupation Bookkeeper, Office work
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

18. Birthplace (city or place) (State or country) Greenville, Texas
19. Occupation Housewife
Nature of industry
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 May 3rd 1926 at 1:20 A. 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 P. M. Butler, M.D.
Address Winkelmann, Arizona
(Physician or midwife)

Given name added from a supplemental report Yes
Month, day, year. Filed Jul 1 1926
Local Registrar. _____
Registrar. _____ Filed _____ 19____
County Registrar. _____

483-503-326