

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 16

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. Pinal Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mrs. Davis (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. _____ 6. Legitimate? yes 7. Date of birth Jan. 14 1927
Month Day Year

8. FATHER Full name Theodore Davis 14. MOTHER Full maiden name Fannie Graham

9. Residence (Usual place of abode) Home Creek, Colo. 15. Residence (Usual place of abode) Home Creek, Colo.
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 51 (Years) 16. Color or race White 17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Kies Moines Iowa 18. Birthplace (city or place) Ada, Okla.
(State or country)

13. Occupation Labour in mines 19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 2 (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 born alive at 11:30 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 T. S. Harper, M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Filed 1-31-27 Registrar W. Dr. Horst

542-114-674