

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

State File No. 4  
 Registered No. 25

**1. PLACE OF BIRTH**

County Apache State \_\_\_\_\_  
 District or Township St Johns or Village St Johns  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child John Merwyn Davis (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 m 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 May 2-1927  
 Month Day Year

**8. FATHER**  
 Full name Harold Davis

9. Residence (Usual place of abode) St Johns Ariz  
 If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) St Johns Ariz  
 (State or country)

13. Occupation Tinok driver  
 Nature of industry Mail wagon

**14. MOTHER**  
 Full maiden name Broline Nelson

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

16. Color or race W 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Springerville Ariz  
 (State or country)

19. Occupation House wife  
 Nature of industry #

20. Number of children of this mother 3  
 (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 Davis at 9:30 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 J. B. Boulden  
Physician  
 (Physician or midwife).

Given name added from a supplemental report. Month, day, year  
142-500-355  
 Registrar

Address St Johns Arizona  
610 W. Markey Jensen  
 Filed \_\_\_\_\_ 19\_\_\_\_ Registrar

MARGIN RESERVED FOR BINDING  
 WRITE IN ONLY 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.