PLACE OF BIRTH

1. County of Gila.

District of Rice.

Town of Rice.

or

City of _____ No. _____ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 206

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Charles Davis.

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 7. 30. 27. (Month day year)

| FATHER | MOTHER |
|---|---|
| 8. Full name: Theadore B. Davis. | 14. Full maiden name: Sarah Gay. |
| 9. Residence (Usual place of abode): Rice, Ariz. (If nonresident, give place and state) | 15. Residence (Usual place of abode): Rice, Ariz. (If nonresident, give place and state) |
| 10. Color or race: 4/4 Indian | 16. Color or race: 4/4 Indian |
| 11. Age at last birthday: 36 (Years) | 17. Age at last birthday: 30 (Years) |
| 12. Birthplace (city or place): San Carlos, (State or country): Ariz. | 18. Birthplace (city or place): San Carlos, (State or country): Ariz. |
| 13. Occupation: Nature of industry: common laborer. | 19. Occupation: Nature of industry: housewife. |

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: 2
(c) Stillborn: 0

21. Were precautions taken against ophthalmia neonatorum? yes.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I reported the birth of this child, who was born alive (Born alive or stillborn.) at 8. 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 evidences of life after birth.

Signature C H Sawyer MD (Physician or midwife)

Address San Carlos, Ariz.

Given name added from supplemental report _____ Month, day, year.

Filed _____, 19____ C.H.Sawyer. Local Registrar.

Registrar.

Filed _____, 19____ County Registrar.

342-730-278