

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 218  
Registered No. 714

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village P.O. Box 234 - Claypool,  
City Miami No. Claypool, Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marjorie Norrine 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. \_\_\_\_\_ } 5. No., in order of birth. \_\_\_\_\_ } 6. Legitimate? yes } 7. Date of birth June 28 - 1930  
Month Day Year

8. FATHER  
Full name Paul Davis

14. MOTHER  
Full maiden name Marjorie Coussert

9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona

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If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 24 (Years)

16. Color or race Cauc. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Poplar Bluff  
(State or country) Mo.

18. Birthplace (city or place) Piggott  
(State or country) Ark.

13. Occupation Fireman  
Nature of Industry Mining

19. Occupation \_\_\_\_\_  
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living. 3 } 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 0 }  
(c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 50

I hereby certify that I attended the birth of this child, who was born alive at 5: A m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed July 5, 1930 C. E. Davis Registrar.

442-628-433

seen in order of birth stated.