

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 528
Registered No. 528

PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Route 1 - Miami - Ariz.
City Miami No. W. 30 Reynolds' Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Charles Eugene Davis } If child is not yet named, make supplemental report, as directed.

Sex of Child Male } To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Aug. 29 - 1930
5. No., in order of birth _____ Months Day Year

13. FATHER
1. Full name Chas. Theodore Davis
Residence (Usual place of abode) Morenci Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Carnage Okla.
(State or country)
13. Occupation _____
Nature of Industry Mining

14. MOTHER
1. Full maiden name Ruth Moore
15. Residence (Usual place of abode) Morenci Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Cardell Okla.
(State or country)
19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living. 2
(Taken as of time of birth of child herein } (b) Born alive but now dead. 0
certified and including this child.) } (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 4:30 A. M. on the date above stated.
(Born alive or stillborn)

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

Address Miami, Arizona
Month, day, year _____
Registrar. W. E. Jones

342-809945

Each in book of 500
 ARIZONA DEPARTMENT OF HEALTH
 Standard Certificate of Birth