

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

State File No. 144B
 Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child EDYTHE EARLANE DAVIDSON. { 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 December 10 1930
 Month Day Year

8. FATHER
 Full name William Davidson
 9. Residence (Usual place of abode) Christmas Arizona
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 20 (Years)
 12. Birthplace (city or place) Granite
 (State or country) Oklahoma
 13. Occupation Acetylene welder
 Nature of Industry _____

14. MOTHER
 Full maiden name Mildred Fulks
 15. Residence (Usual place of abode) Christmas Arizona
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Okmulgee
 (State or country) Oklahoma.
 19. Occupation House wife
 Nature of Industry _____

20. Number of children of this mother Two
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Two
 (b) Born alive but now dead None
 (c) Stillborn None 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 5.30A 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. A. Davis M.D.
 Physician
(Physician or Midwife)

Given name added from a supplemental report _____ Address Christmas Arizona.

Month, day, year _____ Filed April 19 1931 Registrar P. H. Hutton

545-1010-462