ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 143

Registered No. 96

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 56 - Claypool, Ariz.

City Miami No. Miami Insp. Hospital Ward

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

2. Full name of child Robert Verne 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 Mch. 26 - 1931 (Month Day Year)

8. FATHER

Full name J. Hale Davis

9. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona.

10. Color or race Cauc. | 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Alma.

(State or country) New Mex.

13. Occupation Mechanic

Nature of industry Mining

14. MOTHER

Full maiden name Hazel Bell Jenkins

15. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona.

16. Color or race Cauc. | 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Santa Barbara

(State or country) Calif.

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.) 3

(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 born alive (Born alive or stillborn.) at 2 50 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 evidence of life after birth.

Signature Cyril M. Crow M.D.

(Physician or midwife).

Given name added from a supplemental report 942-326-812 (Month, day, year)

Address Miami, Arizona

Filed Apr 6, 1931 J. E. [illegible]

Registrar

Registrar

N. B.—In case of more than one [illegible] order of birth stated.