

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

State File No. 89  
 Registered No. 214

**1. PLACE OF BIRTH**

County Pima State Ariz  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Eslobe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David Francis Gordon (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other 5. No., in order of birth	6. Legitimate? <u>yes</u>	7. Date of birth <u>11-5-21</u> Month Day Year
--------------------------------	--	--	------------------------------	--

8. FATHER  
 Full name Delmer Gordon

14. MOTHER  
 Full maiden name Edna Mae Davenport

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

15. Residence (Usual place of abode) Eslobe  
 If non-resident, give place and state. Ariz

10. Color or race white  
 11. Age at last birthday 35 (Years)

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

12. Birthplace (city or place) Pima  
 (State or country) Ariz

18. Birthplace (city or place) Eslobe  
 (State or country) Ariz

13. Occupation  
 Nature of industry Electrician

19. Occupation  
 Nature of industry Housewife

20. Number of children of (this mother) 1  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (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 at 4:45 A.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 T. C. Harper  
 \_\_\_\_\_  
 Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe, Arizona  
 Filed 12/7 1921 E. B. Wightman  
 Registrar Registrar