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

State File No. 99
Registered No. 380

1. PLACE OF BIRTH

County: Gila — State: Arizona

District or Township: — or Village: P.O. Box 167 - Inspiration, Ariz.

City: Miami — No. Inspiration - Ariz. St. — Ward

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

2. Full name of child: Eula May 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: Nov. 9 1931 (Month Day Year)

FATHER

8. Full name: George Harvey Davis

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

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

12. Birthplace (city or place): Chickashay (State or country): Okla.

13. Occupation: Fireman. Nature of industry: Insp. Con. Copper Co.

MOTHER

14. Full maiden name: Evelyn Gertrude Brock

15. Residence (Usual place of abode): ~~Mia~~ Insp. If non-resident, give place and state: Arizona

16. Color or race: Caus. 17. Age at last birthday: 20 (Years)

18. Birthplace (city or place): Brady (State or country): Texas

19. Occupation: Housewife. Nature of industry:

20. Number of children of this mother (Taken as of time of birth of child hereto certified and including this child.): 2 — (a) Born alive and now living: 2 (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 08 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)

Address: Miami, Arizona

Given name added from a supplemental report (Month, day, year): 542-1109-5 Dec

Filed Dec 5, 1931 Charles E. Irvin Registrar

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the numbers in order of birth stated.