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

State File No. 125
Registered No. 39

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI, No. Miami - Inspiration Hospital, Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nancy ~~Anne~~ Joan 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: Feb 23 1932 (Month Day Year)

8. FATHER
Full name Hal Wheeler Davis

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

10. Color or race: White 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Fremont
(State or country) Nebraska

13. Occupation: Doctor Dentistry
Nature of Industry

14. MOTHER
Full maiden name Pearl Ritter

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

16. Color or race: White 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Portland
(State or country) Oregon

19. Occupation: Housewife
Nature of Industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(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 alive (Born alive or stillborn.) at 10 A m. on the date above stated.

Signature F. F. Miller
F. F. MILLER, M.D.
(Physician or midwife).

MIAMI, ARIZONA
Address

* 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.

Given name added from a supplemental report ..... Month, day, year

MD-223-799
Registrar

Filed Mar 2, 1932 Charles E. Elsmir
Registrar