# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 145

Registered No. 125

1. PLACE OF BIRTH

County Gila State ARIZONA

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

City MIAMI No. Miami Inspiration Hospital St. ..... Ward

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

2. Full name of child Donald De Witt 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 May 22 1932 (Month Day Year)

8. FATHER

Full name Chester Kerr 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 37 (Years)

12. Birthplace (city or place) Clarion

(State or country) Pennsylvania

13. Occupation Superintendent Schools

Nature of industry City Schools

14. MOTHER

Full maiden name Mary Edith De Witt

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 32 (Years)

18. Birthplace (city or place) East Brady

(State or country) Pennsylvania

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 at 11:15 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 F. F. Miller

F. F. MILLER, M.D.

(Physician or midwife).

Given name added from a supplemental report 442-522-443 Month, day, year

Address MIAMI, ARIZONA

Filed June 4, 1932 C. E. Irvine Registrar

Registrar

N. B.—In case of m...

each, an...