ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

. PLACE OF BIRTH

State File No. X X

Registered No.

County Gila State Arizona

Township On reservation without medical attention or Village San Carlos,

City No. No hospital St. Ward

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

. Full name of child Malissa Davis (If child is not yet named, make supplemental report, as directed)

. Sex Female | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term X | 7. Legitimate? Yes | 8. Date of birth June 29, 1932 (Month, day, year), 19

. Full name FATHER George Davis | 18. Full maiden name MOTHER Molly Martin

. Residence (usual place of abode) (If non-resident, give place and State) SanCarlos, Arizona | 19. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz

1. Color or race 4/4 Apache | 2. Age at last birthday 49 (Years) | 20. Color or race 4/4 Apache | 21. Age at last birthday 25 (Years)

3. Birthplace (city or place) San Carlos, Arizona (State or country) | 22. Birthplace (city or place) San Carlos, Arizona (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day laborer.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Day laborer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks | 29. Cause of stillbirth Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I ~~attended~~ report birth the birth of this child, who was born alive (Born alive or stillborn) at 5 a.m. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. C. Hancock, M.D., M. D.

or , Midwife

Address San Carlos, Arizona

Filed July 14, 1932 J. C. Hancock Registrar.

Given name added from a supplemental report (Date of)

Registrar.

442-629-445

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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