ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 84a

Registered No.

1. PLACE OF BIRTH

County Gila State

Township Claypool Oak St

City No. St. Ward

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

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

3. Sex Male | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term Yes | 8. Date of birth Mch 19, 1933 (Month, day, year)

FATHER

9. Full name George Dewey Davis Sr

10. Residence (usual place of abode) (If nonresident, give place and State) Pr Wm Pinecott Ann

11. Color or race White | 12. Age at last birthday 34 (Years)

13. Birthplace (city or place) Thurber Texas (State or country)

OCCUPATION

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

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

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary Ellen Howell

19. Residence (usual place of abode) (If nonresident, give place and State) Claypool

20. Color or race White | 21. Age at last birthday 29 (Years)

22. Birthplace (city or place) Nareviso (State or country) New Mexico

OCCUPATION

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

24. Industry or business in which work was done, as own home, lawyer's, [illegible] Wife

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 (c) Stillborn 3

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 the birth of this child, who was (Born alive or [illegible]) at 3 P m. on the date above stated

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

Given name added from a supplemental report 742-319-483 (Date of)

Registrar.

(Signed) Nelson D Brayton, M. D.

or Miami Arizona Midwife

Address

Filed 4/4, 1933 C. H. Perkins Registrar.