ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 9

Registered No.

County Apache State Arizona

Township or Village

City St Johns No. St. Ward

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

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

3. Sex male | If plural births: 4. Twin, triplet, or other; 6. Number, in order of birth | 6. Premature; Full term ✓ | 7. Legitimate Yes | 8. Date of birth Feb 10, 1934 (Month, day, year)

FATHER

9. Full name Harold J. Davis

10. Residence (usual place of abode) (If non-resident, give place and State) St Johns Ariz

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

13. Birthplace (city or place) St Johns Ariz (State or country)

OCCUPATION

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

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

MOTHER

18. Full maiden name Caroline Nelson

19. Residence (usual place of abode) (If non-resident, give place and State) St Johns Ariz

20. Color or race white | 21. Age at last birthday 30 (Years)

22. Birthplace (city or place) Springerville Ariz (State or country)

OCCUPATION

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

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 5 (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 the birth of this child, who was born alive 2:15a 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.)

(Signed) Elizabeth Malloy (midwife) M.D.

or ..., Midwife

Address St Johns Arizona

Filed Feb 11, 1934 [signature] Registrar.

Given named added from a supplemental report ... (Date of)

... Registrar.

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

342-210-355