

PLACE OF BIRTH CERTIFICATE AMENDED  
NOTATION

Name added by affidavit of registrant and  
baptismal record - 5-4-78 CRW

ARIZONA STATE BOARD OF HEALTH

County of Apache  
District of St. Johns  
Town of St. Johns  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS.

State Index No. 35673  
Co. Register No. 90  
Local Registrar's No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH.

FULL NAME OF CHILD William Ida Fay Davis (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Born } YES  
Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child J. Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth Aug 30 1933  
(Month) (Day) (Yr.)

FATHER  
Full Name Alma Davis  
Residence St. Johns, Ariz  
Color or Race White Age at last Birthday \_\_\_\_\_ (Years)  
Birthplace Idaho  
Occupation Farmer

MOTHER  
Full Maiden Name Katharine Peterson  
Residence St. Johns, Ariz  
Color or Race White Age at last Birthday 38 (Years)  
Birthplace Utah  
Occupation House Wife

Number of child of this mother 9 Number of children, of this mother, now living 9 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on, \_\_\_\_\_ 191\_\_\_\_, at \_\_\_\_\_ M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) \_\_\_\_\_ (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address \_\_\_\_\_  
Filed 9/27/33 191\_\_\_\_ Martin Jensen  
LOCAL REGISTRAR.

Filed \_\_\_\_\_ 191\_\_\_\_ A True Copy \_\_\_\_\_  
COUNTY REGISTRAR.

942-830-875  
COUNTY REGISTRAR.

Midwife