4153

**PLACE OF BIRTH**

County of Gila

District of Globe

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 107

Co. Register No. 67

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Retha Davidson

Born / Alive YES ~~NO~~

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

| Sex Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Female | | | | Yes | March 6 1914 (Month) (Day) (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | John R. Davidson | Full Maiden Name | Mary Warner |
| Residence | Miami | Residence | Miami |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | 36 (Years) | Age at last Birthday | 36 (Years) |
| Birthplace | Mississippi | Birthplace | Idaho |
| Occupation | Carpenter | Occupation | Housework |

Number of child of this mother 5 | Number of children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

I hereby certify that I attended the birth of above child; and that it occurred on March 6 1914, at 4 A.M.

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

(Signature) Charles E. Irvin M.D.

(Attending physician, midwife, householder.*)

Address Miami Arizona

Given or christian name added from a supplemental report 191

Filed 3/10 1914

B. G. Lay

LOCAL REGISTRAR.

945-306-469

COUNTY REGISTRAR.

Filed 4/5 1914

A True Copy B. G. Lay M.D.

COUNTY

the number of each, in order of birth, stated, this certificate must be filed by the attending Physician Midwife with each local Registrar within 5 days after birth.