R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 169

Co. Register No. 57

ORIGINAL CERTIFICATE OF BIRTH

Local Registrar's No.

PLACE OF BIRTH

County of

District of

Town of
or
City of (No. St.; Ward)

FULL NAME OF CHILD Dorothy Davis

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

Born Alive: ~~NO~~ YES

Sex of Child	Twin, ~~Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Jan 17 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Charley Davis	Full Maiden Name	Maude Jordan
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White American	Color or Race	White American
Age at last Birthday (Years)	34	Age at last Birthday (Years)	28
Birthplace	Tenn	Birthplace	Ky.
Occupation	mechanic	Occupation	Housewife

Number of child this mother: 1

Number of Children, of this mother, now living: 1

Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan 17 1920, at 8 AM.

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

(Signature) T H Slaughter
(Attending physician, ~~midwife, householder.~~*)

Address

Given or Christian name added from a supplemental report ..... 191....

Filed 1/18/1920

T H Slaughter
LOCAL REGISTRAR.

442-117-415
COUNTY REGISTRAR.

A True Copy
Filed Jan 23 1920

B. G. Lion
COUNTY REGISTRAR.