

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Yuma
District of San Carlos
Town of _____
or _____
City of _____ No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 114
County Registrar No. 826
Local Registrar No. _____

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

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. _____
6. Legitimate? yes
7. Date of birth 12 3 1923
Month Day Year

8. FATHER
Full name Theadon B. Davis
9. Residence (Usual place of abode) San Carlos, Ariz.
If nonresident, give place and state _____
10. Color or race 4/4 Indian
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) San Carlos, Ariz.
(State or country) _____
13. Occupation Salmon
Nature of industry _____

14. MOTHER
Full maiden name Sarah B. Key
15. Residence (Usual place of abode) San Carlos, Ariz.
If nonresident, give place and state _____
16. Color or race 4/4 Indian
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) San Carlos, Ariz.
(State or country) _____
19. Occupation Laundress at San Carlos Indian day school
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature D. H. Sawyer M.D.
Address San Carlos Ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed _____, 19____
Filed 1-7, 1924
Registrar. _____
Local Registrar. B. S. Key
County Registrar.

442-1203-278