

PLACE OF BIRTH

1. County of Gila,
 District of Globe,
 Town of _____
 or
 City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
 County Registrar No. 153
 Local Registrar No. 55

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Male 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 2 18 1925
 Month day year

8. FATHER		14. MOTHER	
Full name <u>Chas. W. Davis.</u>		Full maiden name <u>Winnie L. Black,</u>	
9. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe,</u> If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>50</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) (State or country) <u>Tenn.</u>		18. Birthplace (city or place) (State or country) <u>Texas,</u>	
13. Occupation Nature of industry <u>Laborer,</u>		19. Occupation Nature of industry <u>Housewife,</u>	

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 2 } 21. Were precautions taken against ophthalmia neonatorum? Yes.
 (b) Born alive but now dead 1
 (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 5 A. a. 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 evidences of life after birth.
 Signature G. E. Wightman
 Address Globe, Ariz.

Given name added from a supplemental report _____ Filled Mar. 5th, 1925 G. E. Wightman
 Month, day, year. Local Registrar

Registrar. Filled 3/9 1925 G. E. Wightman
 County Registrar

342-218-622

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. WITH UNUSUAL RECORD. THIS IS A PERMANENT RECORD. In order of birth stated.