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ALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 509
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH

1. County of Navajo
District of _____
Town of Clay Springs
or _____
City of _____

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

2. Full name of child John Oliver Davis

If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 5. No., in order of birth First } 6. Legitimate? Yes }

7. Date May 11 1925
of birth Month Day Year

8. FATHER
Full name Jesse Oliver Davis

14. MOTHER
Full maiden name Malissa Alice Perkins

9. Residence (Usual place of abode) Clay Springs
If non-resident, give place and state.

15. Residence (Usual place of abode) Clay Springs
If non-resident, give place and state.

10. Color or race white
11. Age at last birthday 21 (Years)

16. Color or race white
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Norman Okla
(State or country)

18. Birthplace (city or place) Taylor Arizona
(State or country)

13. Occupation Farmer
Nature of industry

19. Occupation Mothering
Nature of industry

20. Number of children of this mother 1 } (a) Born alive and now living yes }
(Taken as of time of birth of child herein } (b) Born alive but now dead no }
certified and including this child.) } (c) Stillborn _____ }

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 or stillborn.) at 11.30 P.M. on the date above stated

* 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 Eligard Rogers, midwife
(Physician or midwife)
Address Clay Springs Arizona

Given name added from a supplemental report _____
Month, day, year _____

Mrs. J. Edw. Brown
Local Registrar

Registrar

Filed _____ 19____

County Registrar

142-511-472