

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
District of Miami BUREAU OF VITAL STATISTICS State Index No. 149  
Town of Miami ORIGINAL CERTIFICATE OF BIRTH County Registrar No. \_\_\_\_\_  
or \_\_\_\_\_ Local Registrar No. 205  
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 Grace Ellen 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 Aug 9 1925  
Month Day Year

8. FATHER  
Full name George Davis  
9. Residence (Usual place of abode) Claypool  
If non-resident, give place and state \_\_\_\_\_  
10. Color or race White  
11. Age at last birthday 32 (Years)

14. MOTHER  
Full maiden name Mary Ellen Howell  
15. Residence (Usual place of abode) Claypool  
If non-resident, give place and state \_\_\_\_\_  
16. Color or race White  
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Texas  
(State or country)  
13. Occupation Jigger Biss  
Nature of industry

18. Birthplace (city or place) Texas  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was stillborn at \_\_\_\_\_ 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 Nelson D. Brayton (Physician or midwife)  
Address Miami, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed Aug 12, 1925 P. E. Dwin Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

742-809-483