

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 Sau Carlos
 Town of _____
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
 County Registrar No. _____
 Local Registrar No. _____

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Dorena Davis St. _____ Ward _____
 { 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 _____ } 6. Legitimate? yes } 7. Date of birth 1 17 26
 Month Day Year

8. FATHER
 Full name Theodor B. Davis
 9. Residence (Usual place of abode) Sau Carlos, Ariz
 If non-resident, give place and state. _____
 10. Color or race 1/2 Indian
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Sau Carlos, Ariz
 (State or country) _____
 13. Occupation Farmer
 Nature of industry _____

14. MOTHER
 Full maiden name Sarah Kay
 15. Residence (Usual place of abode) Sau Carlos, Ariz
 If non-resident, give place and state. _____
 16. Color or race 1/2 Indian
 17. Age at last birthday 29 (Years)
 18. Birthplace (city or place) Sau Carlos, Ariz
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (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 4 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 E. H. Sawyer, M.D. (Physician or midwife).
 Address Sau Carlos, Ariz

Given name added from a supplemental report. _____ Filed _____ 19____
 Month, day, year _____ Local Registrar.
 _____ Filed _____ 19____
 Registrar _____ County Registrar.

442-117-278