

WRITE PLAINLY WITH UNFADING INK.—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
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. 55

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Midland City St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Ruth 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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Feb. 8 - 1928
Month Day Year

8. FATHER
Full name Charles Theodore Davis
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 23 (Years)
12. Birthplace (city or place) Carnage, Okla.
(State or country)
13. Occupation Millman
Nature of industry Mining.

14. MOTHER
Full maiden name Ruth Moore
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 21 (Years)
18. Birthplace (city or place) Cordell, Okla.
(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 certified and including this child.) } (b) Born alive but now dead _____
(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 at 11 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 Beryl M. Brown M.D. (Physician or midwife)
Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Feb 15, 1928 H. E. Jones Registrar

843-206-915