

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164^va-239
 Registered No. 239

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

2. Full name of child Dorothy Imogene 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 March 27-1928
 Month Day Year

8. FATHER
 Full name John Melvin Davis
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Cauc.
 11. Age at last birthday 23 (Years)
 12. Birthplace (city or place) Galeville, Texas
 (State or country)
 13. Occupation Timekeeper
 Nature of industry Insp. Con, Copper Co.
 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 _____
 (b) Born alive but now dead _____
 (c) Stillborn _____

14. MOTHER
 Full maiden name Opal Kelly
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Cauc.
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Potter, Texas
 (State or country)
 19. Occupation Housewife
 Nature of industry _____
 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 8 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 Cyril M. Brown M.D.
Physician
 (Physician or midwife)
 Address Miami, Arizona

Given name added from _____
 a supplemental report. Month, day, year _____
 Registrar. Filed June 11, 1928 C. E. Dinn
 Registrar.

442-327-628