

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

State File No. 173
 Registered No. 155

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Globe or Village _____
 City Globe No. 640 S. Fifth St. _____ Ward _____

2. Full name of child Theodore B. Davis Jr (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male 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 Aug 30 1928
 Month Day Year

8. FATHER
 Full name Theodore B. Davis

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

10. Color or race White
 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) McLone Kansas
 (State or country)

13. Occupation Rigger at Coolidge Dam
 Nature of industry

20. Number of children of this mother _____
 (Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
 Full maiden name Willie Butts

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

16. Color or race White
 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Brady Texas
 (State or country)

19. Occupation Housewife
 Nature of industry

(a) Born alive and now living 4
 (b) Born alive but now dead 0
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born at 11:30 A. 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 [Signature]
 (Physician or midwife).

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

Address Globe Ariz

Filed 9-10-28 S.E. Wightman
 Registrar

INK RESERVED FOR BINDING.
 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, in order of birth stated.