

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 104

Registered No. 39

1. PLACE OF BIRTH

County Apache State Arizona

District or Township St Johns or Village St Johns

City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lloyd Wayne Davis If child is not yet named, make supplemental report, as directed.

3. Sex of Child on 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 10-21-28 Month Day Year

8. FATHER Full name Mark S Davis

14. MOTHER Full maiden name Ellen Burk

9. Residence (Usual place of abode) St Johns Ariz If non-resident, give place and state.

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

10. Color or race W 11. Age at last birthday 27 (Years)

16. Color or race W 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) St Johns Ariz (State or country)

18. Birthplace (city or state) Sagar Ariz (State or country)

13. Occupation Rancher Nature of industry Stock raising

19. Occupation Housewife Nature of industry

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 2 (b) Born alive but now dead 0 (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 at 4 P m. on the date above stated. (Born alive or stillborn)

Signature J. B. Buehler (Physician or midwife)

Given name added from a supplemental report. Address St Johns Ariz Month, day, year

Filed 12/8 1928 Registrar. 342-102