

CERTIFICATE AMENDED
SEE NOTATION

Child's name entered as per Affidavit, also
from School records, and Child's Birth record 49-12984
5-6-75 b50 148

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

State File No. 514
Registered No. 514

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 9 Oak St. Claypool, Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mildred Pauline 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 Nov-8-1928
Month Day Year

8. FATHER
Full name Paul Davis

14. MOTHER
Full maiden name Majorie Cowser

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

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

10. Color or race Cauc. 11. Age at last birthday 22 (Years)

16. Color or race Cauc. 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Broseley, Mo.
(State or country)

18. Birthplace (city or place) Piggott, Arkansas
(State or country)

13. Occupation Fireman
Nature of industry mining

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2 (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 _____
(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 12³⁰ 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 Leyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Jan 2, 29 19 29 L. E. Iron
Registrar. Registrar.

042-1108-433