

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH:

County Mohave State ARIZONA
Township _____ or Village _____
City Cheorkee Siding No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child LOUIS GLEN DAVIES
(If child is not yet named, make supplemental report, as directed.)

3. Sex M *If plural births* 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth July 27, 1906, 193
(Month, day, year)

9. Full name Harry Davies FATHER 18. Full maiden name Della Coyle MOTHER

10. Residence (usual place of abode) _____ 19. Residence (usual place of abode) _____
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color or race Amer 12. Age at last birthday _____ (years) 20. Color or race Amer 21. Age at last birthday _____ (years)

13. Birthplace (city or place and State or country): _____ 22. Birthplace (city or place and State or country): _____

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work _____, 193	17. Total time (years) spent in this work _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work _____, 193	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ {months or weeks} 29. Cause of stillbirth _____ {Before labor or During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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.)
(Signed) _____, M. D.
or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____
Address _____

Filed _____, 193 _____ Registrar.

Registrar. _____

8-834a U. S. GOVERNMENT PRINTING OFFICE: 1906 011-7117