

PLACE OF BIRTH

1. County of Gila
 District of Claypool
 Town of Miami
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
 County Registrar No. 395
 Local Registrar No. _____

2. Full name of child James Maxwell Dickens
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 No. 39 Cottonwood St. _____ Ward _____
 { 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 Sept 9 1927
 Month Day Year

8. FATHER
 Full name Paul Franklin Dickens

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

10. Color or race White 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Texas
 (State or country)

13. Occupation Fireman, Powerhouse
 Nature of industry Copper mine

14. MOTHER
 Full maiden name Grace Guthrie

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

16. Color or race White 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Hartshorne
 (State or country) Oklahoma

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 alive at 8 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 J. F. Miller MD
 (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Filed Sept 11, 27 1927 Local Registrar Lo. E. J. J. J.

Registrar _____ Filed _____, 19____ County Registrar _____

142-909-775