ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No. 541

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Miami Insp. Hospital St., ... Ward

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

2. Full name of child Alice Jean Dickey { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Dec. 26 - 1927 (Month Day Year)

8. FATHER

Full name Wayne Clarence Dickey

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Cauc.

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Waterloo

(State or country) Iowa

13. Occupation Mining Engineer

Nature of industry

14. MOTHER

Full maiden name Edith May Wakefield

15 Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16 Color or race Cauc.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry Housewife

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 1st

(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 (Born alive or stillborn.) at 3 25 P.m. on the date above stated

* 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 Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

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

Address Miami, Arizona.

Filed Jan 8, 1928 C. E. [illegible] Registrar

..... Registrar

148-1226-564