

187
214

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

State File No. _____
Registered No. 214

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe or Village _____
City Globe No. 380 West Bailey St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Austin Hendricks { 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 _____ 5. No., in order of birth _____
6. Legitimate? Yes 7. Date of birth Oct. 24, 1930
Month Day Year

8. FATHER
Full name James Virgil Hendricks
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Leona Hicks
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

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

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

12. Birthplace (city or place) Shelton, Arizona
(State or country)

18. Birthplace (city or place) Globe, Arizona
(State or country)

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry House wife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 alive at 12:30 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 S. E. Wightman
(Physician or Midwife).

Given name added from a supplemental report _____ Address Globe Ariz.
Month, day, year _____
Filed 11/9 1930 S. E. Wightman Registrar

187-1024-382

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.