

CERTIFICATE AMENDED
SEE NOTATION *

* SPELLING OF FIRST NAME AMENDED PER SUPPLEMENTARY REPORT OF REGISTRANT (6-13-73 bma)

198
581

ARIZONA STATE BOARD OF HEALTH

State File No. _____
Registered No. _____

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. K-24 Live Oak Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child BETTIE Betty Marie Dickens } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } female
4. Twin, triplet or other. _____ } 5. No., in order of birth. yes
6. Legitimate? yes
7. Date of birth Oct 29 1930
Month Day Year

8. FATHER
Full name Paul Franklin Dickens

14. MOTHER
Full maiden name Grace Guthrie

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

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

10. Color or race white

11. Age at last birthday 27 (Years)

16. Color or race white

17. Age at last birthday 29 (Years)

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

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

13. Occupation Clerk, Power house
Nature of Industry Copper mine

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. 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 1:35 P m. on the date above stated.
(Born alive 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. J. Williams
(Physician or midwife)

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

Month, day, year _____ Filed Oct 3 1930 Registrar C. E. Jones

242-1024-775

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of such in order of birth stated.