

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 111a
Registered No. 63

1. PLACE OF BIRTH
County Gila State ARIZONA

District or Township _____ or Village _____

City MIAMI No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Louise Hawkins } 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 Nov 6 1930 of birth }
Month Day Year

FATHER
Full name Lloyd Chester Hawkins
9. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 42 (Years)

12. Birthplace (city or place) Parents
(State or country) Illinois

13. Occupation Miner
Nature of Industry Copper

MOTHER
Full maiden name Margaret Irene Moody
15. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Richmond
(State or country) California

19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother. _____ } (a) Born alive and now living.
(Taken as of time of birth of child herein } (b) Born alive but now dead. 0
certified and including this child.) } (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 6:50 a.m. on the date above stated.
(Born alive or stillborn)

Signature F. F. Miller
F. F. MILLER, M. D.
(Physician or midwife.)

Given name added from _____ Address MIAMI, ARIZONA
a supplemental report. _____

Month, day, year _____
Registrar. _____
Filed Dec 14 31 _____
Registrar. _____

483-1105-448