

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 181  
626

Registered No. 626

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Inspiration No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Johnny Hazel Dickins { 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. \_\_\_\_\_ 6. Legitimate? Yes } 7. Date of birth Dec 23 1930  
Month Day Year

8. FATHER  
Full name Glenn W. Dickins

14. MOTHER  
Full maiden name Hazel Bixler

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

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

10. Color or race White 11. Age at last birthday 60 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

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

18. Birthplace (city or place) New Mexico  
(State or country)

13. Occupation Miner  
Nature of industry Mining

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead None (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 alive at 8:45 a m. on the date above stated.  
(Born alive or stillborn)

Signature John Slagon M.D. (Physician or midwife)

Given name added from supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filled Dec 30 19 30 L. E. Dorn  
Registrar. Registrar.

142-1723-829