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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. .....

1. PLACE OF BIRTH

County Gila State .....

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

City Winkelman No. ..... St., ... Ward

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

2. Full name of child Ruth Pearl Hicks } 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 June 29 1931 (Month Day Year)

8. FATHER

Full name Louis Jesse Hicks

9. Residence (Usual place of abode) ~~Hayden~~ Winkelman

If non-resident, give place and state.

10. Color or race. White | 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Corona

(State or country) New Mex

13. Occupation Miner

Nature of Industry Copper

14. MOTHER

Full maiden name Myrtle Noling

15. Residence (Usual place of abode) Winkelman

If non-resident, give place and state.

16. Color or race White | 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) .....

(State or country) Texas

19. Occupation House Wife

Nature of Industry

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 4 (b) Born alive but now dead 2 (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 ..... at 6:30 p 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 Charles K Hunter M.D.

..... (Physician or ~~midwife~~)

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

Address .....

Registrar.

Filed July 8 1931

P. L. Hutton

Registrar.

982-629-457