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

State File No. 129
Registered No. 24

1. PLACE OF BIRTH
County ~~Gila~~ Gila State Arizona
District or Township ..... or Village .....
City Globe No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Noreen Evalyn 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: Feb. 25, 1932 (Month Day Year)

order of birth stated.

8. FATHER
Full name George Edward Hicks
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.
10. Color or race: White
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Knoxville, (State or country) Tenn.
13. Occupation: Boiler Maker
Nature of industry

14. MOTHER
Full maiden name Josephine Emma Wright
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race: White
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) Denver, (State or country) Colorado
19. Occupation: Housewife
Nature of industry

20. Number of children of this mother: four (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living: three
(b) Born alive but now dead: one
(c) Stillborn: none
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 (Born alive or stillborn.) at 6:25 A.m. on the date above stated.

* 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 T. C. Harper
Physician (Physician or midwife).
Address Globe, Arizona

Given name added from a supplemental report ..... Month, day, year
582-225-163
Registrar

Filed 3/4 1932 L. E. Wightman
Registrar

State Board of Health