

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 81  
Registered No. 187

**1. PLACE OF BIRTH**

County Gila State Arizona  
Township \_\_\_\_\_ or Village P.O. Box 948 - Miami  
City Miami No. Line Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child.** Patsy Lee Dickens  
If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	8. Premature Full term	7. Legitimate? <u>yes</u>	9. Date of birth <u>Sept. 1 - 1932</u> <small>(Month, day, year)</small>
5. Number, in order of birth					

**9. Full name of FATHER**  
Paul Franklin Dickens

**10. Residence (usual place of abode)**  
Miami Ariz.  
(If nonresident, give place and State)

**11. Color or race.** Cauc. **12. Age at last birthday.** 28 (Years)

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

**14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**  
Fireman

**15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.**  
Mining

**16. Date (month and year) last engaged in this work** \_\_\_\_\_, 19\_\_\_\_

**17. Total time (years) spent in this work** \_\_\_\_\_, 19\_\_\_\_

**18. Full maiden name of MOTHER**  
Grace Ruthrie

**19. Residence (usual place of abode)**  
Miami Ariz.  
(If nonresident, give place and State)

**20. Color or race.** Cauc. **21. Age at last birthday.** 30 (Years)

**22. Birthplace (city or place)**  
Hartshorne Okla.  
(State or country)

**23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.**  
Housewife

**24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.**

**25. Date (month and year) last engaged in this work** \_\_\_\_\_, 19\_\_\_\_

**26. Total time (years) spent in this work** \_\_\_\_\_, 19\_\_\_\_

**27. Number of children of this mother**  
(At time of this birth and including this child) (a) Born alive and now living 4. (b) Born alive but now dead 0. (c) Stillborn 0

**28. If stillborn, period of gestation** \_\_\_\_\_ { months or weeks } **29. Cause of stillbirth** \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 1:00 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. }

(Signed) Lyril M. Brown M.D.

Given name added from a supplemental report \_\_\_\_\_  
(Date of)

or \_\_\_\_\_ Midwife  
Address Miami, Arizona

Filed Oct. 6 - 1932 S. G. Irwin  
Registrar. Registrar.

MARGIN RESERVED FOR BINDING  
NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

742-901-775