ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 29

Registered No.

1. PLACE OF BIRTH

County Gila State Ariz.

Township Winkelman or Village

City No. St. Ward

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

2. Full name of child Jimmy Selick. If child is not yet named, make supplemental report, as directed

3. Sex Male | 4. If plural births: 6. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term | 7. Legitimate? Yes | 8. Date of birth Jan 23, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name James Selick	18. Full maiden name Sara Monterde
10. Residence (usual place of abode) (If non-resident, give place and State) Winkelman	19. Residence (usual place of abode) (If non-resident, give place and State) Winkelman
11. Color or race White	20. Color or race White Mex
12. Age at last birthday 45 (Years)	21. Age at last birthday 32 (Years)
13. Birthplace (city or place) Dudleyville (State or country) Ariz	22. Birthplace (city or place) Carbon (State or country) Son Mex
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carbon	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn

28. If stillborn period of [illegible] 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 or stillborn) at 4:00 A. m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Hurtes M.D., M.D. or Midwife

Given named added from supplemental report (Date of)

Address Hayden

Registrar. Feb 9th 1933 P. G. Hutton Registrar.

122-123-2524