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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. This certificate must be filed by the attending Physician or Midwife with the Local registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 71 ~~1065~~ ✓

County of Gila

District of

Town of Wheatfields
or
City of

Register No. ~~X~~ 31

(No. St.; Ward)

FULL NAME OF CHILD Menta Hicks

If child is not named, make Supplemental report on blank obtainable from local registrar.

Born Alive Yes ~~No~~

Sex of Child Girl | Twin, Triplet or other X | and Number in order of birth X | Legitimate? Yes | Date of Birth July (Month) 26 (Day) 1909 (Year)

FATHER		MOTHER	
Full Name	Mark Hicks	Full Maiden Name	Mary Winkler
Residence	Wheatfields	Residence	Wheatfields
Color or Race	White	Color or Race	White
Age at last Birthday	30 (Years)	Age at last Birthday	22 (Years)
Birthplace	Texas U. S. A.	Birthplace	Texas U. S. A.
Occupation	Cattleman	Occupation	Housewife

Number of child of this mother 2 | Number of children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 26, 1909, at 10 P.M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) Mrs. A. K. Shaw
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report — 19

Filed July 27 1909

Address T. Cole

B. G. Fox M.D.
LOCAL REGISTRAR.

Filed Aug 2 1909

B. G. Fox M.D.
COUNTY REGISTRAR.

COUNTY REGISTRAR.

482-726-469