585

PLACE OF BIRTH

County of Mohave

District of

Town of Oatman

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 396

Co. Register No. 57

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD

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

Born / Alive: YES ~~NO~~

Sex of Child: Male | Twin, ~~Triplet or other~~ and Number in order of birth: 1 | Legitimate? Yes | Date of Birth: July 25 1917 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	E. H. Dickie	Full Maiden Name	Clara Foltz
Residence	Ruth Mine	Residence	Ruth Mine
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	37	Age at last Birthday (Years)	36
Birthplace	Iowa	Birthplace	Ind.
Occupation	Miner	Occupation	Housewife

Number of child of this mother 12 | Number of Children, of this mother, now living 8 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 7-25 1917, at 3:20 P.M.

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

(Signature) C B Wiley

(Attending physician, midwife, householder.*)

Address Oldtrails, Arizona

Given or Christian name added from a supplemental report 191

Filed 8-11-1917

Jacob Sheffield

LOCAL REGISTRAR.

45-725-369

COUNTY REGISTRAR.

Filed 9-10 1917

A True Copy

T. R. White

COUNTY REGISTRAR.