PLACE OF BIRTH

County of Gila

District of Miami

Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123

Co. Register No. 227

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Glenn Charles Dickens

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 | Legitimate? Yes | Date of Birth Apr. 5 1923 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Glenn Leonard Dickens	Full Maiden Name	Hazel Lewis Bixley
Residence	Inspiration, Ariz.	Residence	Inspiration, Ariz
Color or Race	White	Color or Race	White
Age at last Birthday	51 (Years)	Age at last Birthday	26 (Years)
Birthplace	Texas	Birthplace	N. Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this mother 3 | Number of Children, of this mother, now living 2 | 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 ~~March~~ Apr. 5 1923, at 7:15 AM.

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

(Signature) R. L. Larsen
(Attending physician, ~~midwife, householder.~~*)

Address Inspiration, Ariz.

Given or Christian name added from a supplemental report _____ 191__

Filed Apr 30 1923

C. E. Irvin
LOCAL REGISTRAR.

742-405-878
COUNTY REGISTRAR.

Filed 5/5 1923

A True Copy

B. G. Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.