

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173  
County Registrar No. 480  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Gila  
District of Five Ang  
Town of Miami  
or  
City of \_\_\_\_\_

No. K-24 Line East Canyon St.  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. Full name of child Paul Franklin Dickens (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. 1  
6. Legitimate? yes 7. Date of birth January 16, 1906  
Month Day Year

8. FATHER  
Full name Paul Franklin Dickens

14. MOTHER  
Full maiden name Grace Guthrie

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race White  
11. Age at last birthday 25 (Years)

16. Color or race White  
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Texas

18. Birthplace (city or place) Hartshorn, Oklahoma  
(State or country)

13. Occupation Boiler fireman, power house, Copper mine  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 1:09 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 3, 1906 C. E. Dwin Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar \_\_\_\_\_

WRITE 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.

742-116-775