

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 168
 Registered No. 409

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child James Edward Hicks
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (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 Feb. 23, 1926
 Month Day Year

8. FATHER
 Full name George Edward Hicks
 9. Residence (Usual place of abode) Globe, Arizona
 If non-resident, give place and state.
 10. Color or race white
 11. Age at last birthday 21 (Years)
 12. Birthplace (city or place) Knoxville, Tenn.
 (State or country)
 13. Occupation
 Nature of industry Blacksmith

14. MOTHER
 Full maiden name Josephine E. Wright
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 16. Color or race white
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Denver, Colorado
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother one
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living one
 (b) Born alive but now dead none
 (c) Stillborn none
 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 born alive at 4:40 P.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. S. Harper, M.D.
physician (Physician or midwife).
 Address Globe, Ariz.

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filed 2/28 '26 J. N. N. Hunt
 Registrar Registrar

182-223-163

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.