

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

State File No. 184
555
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. Central Heights St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other _____

6. Legitimate?

7. Date of birth Nov. 26 - 1929
 Month Day Year

Female

5. No., in order of birth _____

yes

8. FATHER

Full name Duncan Ferguson Dickens

14. MOTHER

Full maiden name Annie Louise Wershe

9. Residence

(Usual place of abode)

Miami, Arizona

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Cauc.

11. Age at last birthday 42 (Years)

16. Color or race

Cauc.

17. Age at last birthday 29 (Years)

12. Birthplace (city or place)

(State or country)

Carrizo Springs Texas

13. Birthplace (city or place)

(State or country)

San Antonio, Texas

13. Occupation

Nature of industry

Mining

10. Occupation

Nature of industry

Housewife

20. Number of children of this mother 7

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead 3

(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 _____ at 7 A. 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 Loyil M. Brown M.D.

Physician or midwife.

Given name added from a supplemental report _____

Month, day, year

Address Miami, Ariz.

Filed Dec 9, 1929 Registrar

042-1126-165