

order of birth stated.

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

State File No. 139  
Registered No. 232

1. PLACE OF BIRTH

County Gila State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Bobbie Lee Hickman (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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec, 10, 1929  
Month Day Year

8. FATHER  
Full name Willis Lee Hickman

14. MOTHER  
Full maiden name Catharine Dolores Johnson

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

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

10. Color or race white

11. Age at last birthday 28 (Years)

16. Color or race white

17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Oklahoma City Okla.  
(State or country)

18. Birthplace (city or place) Fol Springs Ark.  
(State or country)

13. Occupation miner  
Nature of Industry

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother. 1  
(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 born alive at 2:15 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 T. C. Harper  
Physician (Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona  
Month, day, year

Filed 1/7 1930 Dr. E. W. Lightman Registrar

285-1210-315