

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

State File No. _____
Registered No. 224

1. PLACE OF BIRTH

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

2. Full name of child Dorreen Frances Fritz { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 Nov 20, 1930
Month Day Year

8. FATHER Full name Frederick Fritz

14. MOTHER Full maiden name Alice M. Green

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

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

10. Color or race White

11. Age at last birthday 22 (Years)

16. Color or race White

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Silverton Colo.
(State or country)

18. Birthplace (city or place) Belfast Ireland
(State or country)

13. Occupation Auto Mechanic
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 alive at 1:30 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 [Signature]
Physician [Signature]
(Physician or Midwife).

Given name added from a supplemental report. _____
Month, day, year

Address Box 636 Globe, Ariz.

Filed 12/4, 1930 [Signature]
Registrar

Registrar

469-1120-145