

4449

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Maricopa
District of Phoenix
Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 24682

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 645

Local Registrar's No. 2567

FULL NAME OF CHILD Fredrick Fricks

Born } YES
Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child male Twin, Triplet or other _____ and Number in order of birth _____ Legiti- mated yes Date of Birth Aug 15 1914
(Month) (Day) (Yr.)

FATHER
Full Name Henry Fricks
Residence Scump Road
Color or Race white Age at last Birthday 28 (Years)
Birthplace Germany
Occupation Painter

MOTHER
Full Maiden Name Fredericka Hertzenmeyer
Residence Scump Road
Color or Race white Age at last Birthday 24 (Years)
Birthplace Germany
Occupation Housewife

Number of child of this mother... 1 Number of children, of this mother, now living... 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 15 1914, at 1 P M.

{ *When there is no attending physi- cian or midwife, then the householder should make this return.

(Signature) Charles B Palmer
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____

Address 21 East Washington St

AUG 20 1914
Filed _____ 191____

Edward J. ...
LOCAL REGISTRAR.

665-215-1089
COUNTY REGISTRAR.

A True Copy
Filed 9/8 1914

HA Hughes
COUNTY REGISTRAR.