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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Bila BUREAU OF VITAL STATISTICS 112 State Index No. 484
 District of Arizona ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 29
 Town of Winkelman Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Frieda Kathleen Patterson } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female Twin, Triplet or other and Number in order of birth Legiti- mate? Yes Date of Birth Feb. 1st 1916
 (Month) (Day) (Yr.)

FATHER
 Full Name S. F. Patterson
 Residence Winkelman
 Color or Race White Age at last Birthday 32
 (Years)
 Birthplace Idaho
 Occupation Miner

MOTHER
 Full Maiden Name Varian Edmundo
 Residence Oregon Winkelman
 Color or Race White Age at last Birthday 28
 (Years)
 Birthplace Oregon
 Occupation House-wife

Number of child of this mother 3rd Number of children, of this mother, now living 3 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 Feb. 1st 1916, at 11.15 P.M.
 { *When there is no attending phys- }
 { cian or midwife, then the householder }
 { should make this return. }
 (Signature) M. G. Warden, M.D.
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report191.....
 Address Winkelman Ariz.

Filed Feb 5 1916 LOCAL REGISTRAR.
 Filed Mar 6 1916 A True Copy LOCAL REGISTRAR.
675-201-555 COUNTY REGISTRAR. B. S. J. O'Neil COUNTY REGISTRAR.

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

RECEIVED FEB 18 ARIZONA STATE DEPT OF HEALTH