

522

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Maricopa BUREAU OF VITAL STATISTICS State Index No. 349
 District of _____ Co. Registrar's No. 1501
 Town of Hot Springs ORIGINAL CERTIFICATE OF BIRTH Local Registrar's No. _____
 or _____
 City of Jet (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Alvina Fricke { 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 _____ Legitimate? Yes Date of Birth Aug 22 1921
 (Month) (Day) (Yr.)

FATHER
 Full Name Henry Fricke
 Residence Hot Springs Jet
 Color or Race White Age at last Birthday 35 (Years)
 Birthplace Germany
 Occupation Painter

MOTHER
 Full Maiden Name Frederica Heitinger
 Residence _____
 Color or Race White Age at last Birthday 31 (Years)
 Birthplace Germany
 Occupation _____

Number of child of this mother 4 Number of children of this mother now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 22 1921 at 1 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) F. L. Reister
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 192 _____

Address Wickenburg
 Filed Aug 23 1921 F. L. Reister
 LOCAL REGISTRAR.

165-822-689
 COUNTY REGISTRAR.

Filed Sept. 14 1921 True Copy
 GRANT S. MONICAL, M. D.
 COUNTY REGISTRAR.

Physician or midwife with each local registrar within 5 days after birth