199

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

(This return should preferably be made by the person who made the original)

136

Place of Birth (Registration District) Miami County Gila County Registrar's No.* No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male			

DATE OF BIRTH* Mar. (Month) 9, (Day) 1922 (Year)

FULL NAME FATHER Jacobs Frietz

FULL MAIDEN NAME MOTHER Leonor Barela

*These items to be entered by the local registrar before giving out this form.

I HEREBY CERTIFY that the child described herein has been named Adolpho Frietz (Give name in full) (Surname)

Mrs. Irene Frietz (Parent's Signature)

(Signature of Physician or Midwife)

Blank supplemental reports of birth may be obtained from the local registrar.

10M 10-1-43—S.P.Co.

169-309-321