

R12

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Globe,BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 108

County Registrar No. _____

Local Registrar No. 114

No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Thomas Daniel Fridena Jr. } If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth July 3, 1928Month July day 3 year 19288. FATHER
Full name Thomas Daniel Fridena14. MOTHER
Full maiden name Marie Josephine Stoehr9. Residence (Usual place of abode) Globe, Arizona.
If nonresident, give place and state15. Residence (Usual place of abode) Globe, Ariz.
If nonresident, give place and state10. Color or race white16. Color or race white11. Age at last birthday 35 (Years)17. Age at last birthday 38 (Years)12. Birthplace (city or place) Switzerland
(State or country)18. Birthplace (city or place) Kittanning, Pa.
(State or country)13. Occupation Druggess physician
Nature of industry19. Occupation Housewife
Nature of industry20. Number of children of this mother (a) Born alive and now living three (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yesI hereby certify that I attended the birth of this child, who was born alive at 5:10 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 evidences of life after birth.
Signature J. C. Harper
(Physician ~~midwife~~)
Address Globe, ArizonaGiven name added from _____
supplemental report _____
Month, day, year. Filed 8/4 1928 B. E. Wylkerson
Local Registrar.

Registrar. _____ Filed _____ 19____ County Registrar.

361-703-429

In order of birth stated.

R.P.V.