Record of Orphans, Half Orphans, Etc., on State Aid.

A. CARLISLE & CO., SAN FRANCISCO 72137

1	NAME OF CHILD	AGE Year	AGE Month	SEX	PLACE AND DATE OF BIRTH	DATE APPLICATION WAS FILED	APPLICATION SIGNED
(1)	Meba Hopper	11		Female	Alpine Co Calif	1st Jan 8- 1916	1st by Joe Simpson
(2)	Hotie Hopper	5		Female	" " "	2nd " 8 1916	2nd " " "
(3)						3rd	3rd "
(4)						4th	4th "
(5)						Date Aid Discontinued	Sept 30-1916 - Meba support discontinued - Record from State
(6)							

		ANSWERS:	REPORT OF INVESTIGATORS
2.	State whether the child is orphan, half orphan or abandoned child	Half Orphans	
3.	What are the names of the parents of such child?	Joe Hopper, Emma Hopper	
4.	Has said child any estate, or heir to any estate?	none	
5.	Describe the estate, its location and value, including life insurance.	none	
6.	When and where did the parents of said child die?	Father died at Woodfords Dec 21-1910	
7.	Where were said parents born?	California	
8.	When were said parents married?	1895	
9.	When did the parents come to California, and to this county?	unknown	
10.	Relation of applicant to child	Uncle	
11.	Are either or both of said parents living? If so, give place of residence.	Mother at Woodfords Calif.	
12.	State the financial condition of said living parent and whether or not able to support said child. If not, state why.	mother Destitute	
13.	Who has charge and control of said child at the present time?	Joe Simpson	
14.	How much aid is necessary and how long will require it?	12.50 per month until over age at which they draw allowance	

REFERENCES:

1916	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.	3.	14 90			63	Mrs M Merrill
May						
June						
July	3.	10 65			149	Mrs M Merrill.
Aug.						
Sept.						
Oct.						
Nov.						
Dec.	3	5 90			19	Mrs M Merrill
Total						

19	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total	Claim sent to State Bd of Control Jan. 20. 1917					

19	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						

19	DATE OF AID	KIND OF AID MDSE.	KIND OF AID CASH	AMOUNT	No. OF VOUCHER	WHO RECEIVES THE ORDER
Jan.						
Feb.						
Mar.						
Apr.						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Total						