

number of each in

order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of San Carlos
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Adela Telto (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 4-19-27
Month Day Year

8. FATHER
Full name Henry Telto

14. MOTHER
Full maiden name Louise ?

9. Residence (Usual place of abode) San Carlos, Ariz
If non-resident, give place and state.

15. Residence (Usual place of abode) San Carlos, Ariz
If non-resident, give place and state.

10. Color or race 1/4 Indian

11. Age at last birthday 46 (Years)

16. Color or race 1/4 Indian

17. Age at last birthday 47 (Years)

12. Birthplace (city or place) San Carlos, Ariz
(State or country)

18. Birthplace (city or place) San Carlos, Ariz
(State or country)

13. Occupation Cocaine Seller
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 7
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ ^{Report} the birth of this child, who was born alive at 6 44 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 evidence of life after birth.

Signature C. H. Sawyer M.D.
(Physician or midwife.)

Address San Carlos, Ariz

Given name added from a supplemental report
Month, day, year

Official County Record Filed with the Department of Health During
Filed 5-13 1927
Local Registrar.

Registrar

County Registrar.

136-419-900