

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of YumaDistrict of San Carlos

Town of .....

or

City of .....

BUREAU OF VITAL STATISTICS

State Index No. 162

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. ....

Local Registrar No. ....

2. Full name of child Donahue Loss

(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 .....6. Legitimate? yes7. Date of birth 6 18 27  
Month Day Year8. FATHER Full name Lynn Loss14. MOTHER Full maiden name Delea Kenton9. Residence (Usual place of abode) San Carlos, Ariz15. Residence (Usual place of abode) San Carlos, Ariz10. Color or race 1/2 Indian16. Color or race 1/2 Indian11. Age at last birthday 42 (Years)17. Age at last birthday 17 (Years)12. Birthplace (city or place) Bygas, Ariz18. Birthplace (city or place) San Carlos, Ariz13. Occupation Comm Salma19. Occupation Housewife20. 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 1 (b) Born alive but now dead 0 (c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? noI hereby certify that I attended the birth of this child, who was born alive at 6 AM 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 R H Sawyer MD (Physician or midwife) Address San Carlos, Ariz Given name added from a supplemental report Month, day, year 3 3 2 6 18 - 425 Filed 19 Registrar R H Sawyer Local Registrar. County Registrar.