

A PERMANENT RECORD
 A SEPARATE RETURN must be made for each, and the number of each
 in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of San Carlos
 Town of San Carlos
 or
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 101
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Oliver Thomas Doslea) 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 _____ 6. Legitimate? yes
 7. Date of birth 10. 2. 1927.
 Month day year

8. FATHER
 Full name Raymond Doslea

14. MOTHER
 Full maiden name Varney Belvido

9. Residence (Usual place of abode) San Carlos, Ariz.
 If nonresident, give place and state _____

15. Residence (Usual place of abode) San Carlos, Ariz.
 If nonresident, give place and state _____

10. Color or race 4/4 Indian
 11. Age at last birthday 20 (Years)

16. Color or race 4/4 Indian
 17. Age at last birthday 22 (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
 Nature of industry Common Laborer

19. Occupation
 Nature of industry Housewife.

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 I
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I report the birth of this child, who was born alive at 9 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 C. H. Sawyer MD
 (Physician or midwife)

Address San Carlos, Ariz.

Given name added from a supplemental report _____ Filed _____ 19 _____ C. H. Sawyer.
 Month, day, year. Local Registrar.

Registrar. Filed _____ 19 _____ County Registrar.

641-1002-526