ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141
County Registrar No.
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of Rice
Town of Peridot.
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Theodore Dosela (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 ..... 5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth 10/17/27 (Month day year)

FATHER	MOTHER
8. Full name: George Dosela	14. Full maiden name: Bertha Hays
9. Residence (Usual place of abode): Peridot, If nonresident, give place and state: Ariz.	15. Residence (Usual place of abode): Peridot, If nonresident, give place and state: A ri
10. Color or race: 4/4 Indian; 11. Age at last birthday 48 (Years)	16. Color or race: 4/4 Indian; 17. Age at last birthday 39 (Years)
12. Birthplace (city or place): Rice, (State or country): Ariz.	18. Birthplace (city or place): Rice, (State or country): Ariz.
13. Occupation: Farmer; 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 7
(b) Born alive but now dead 4
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby ~~certify~~ report that I attended the birth of this child, who was born alive (Born alive or stillborn.) at 12 A.M. on the date above stated.

*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 M.D. (Physician or midwife)

Address San Carlos, Ariz.

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

..... Registrar. Filed ....., 19.... ..... County Registrar.

341-1017-282