

ten, and the number of each.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 162
 County Registrar No. _____
 Local Registrar No. _____

(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.

2. Full name of child Oscar Oshana

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth 10/25/27
 Month day year

8. FATHER
 Full name John B. Oshana.

14. MOTHER
 Full maiden name Mollie Telto.

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 34 (Years)

16. Color or race 4/4 Indian
 17. Age at last birthday 34 (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 certified and including this child. (a) Born alive and now living 4
 (b) Born alive but now dead 1
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? NO.

I hereby certify that I ^{report} the birth of this child, who was born alive at 11 A. 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 M.D.
 Address San Carlos, Ariz.
 (Physician or midwife)

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

Registrar. _____ Filed _____ 19____
 County Registrar.

661-1025-434