

ARIZONA STATE BOARD OF HEALTH

State File No. 136

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
 Township _____ or Village San Carlos
 City _____ No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Linda Dosela { If child is not yet named, make supplemental report, as directed }

| | | | | | |
|-------------------------|------------------|------------------------------|----------------------|---------------------------|--|
| 3. Sex Female | If plural births | 4. Twin, triplet, or other | 6. Premature | 7. Legitimate? Yes | 8. Date of birth <u>8-8-30</u> , 19__ <small>(Month, day, year)</small> |
| | | 5. Number, in order of birth | Full term Yes | | |

9. Full name **FATHER**
Raymond Dosela

10. Residence (usual place of abode)
(If nonresident, give place and State) San Carlos

11. Color or race 4/4 Apache Indian

12. Age at last birthday 23 (Years)

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work 1 yr

18. Full maiden name **MOTHER**
Varney Belvedo

19. Residence (usual place of abode)
(If nonresident, give place and State) San Car
Carl

20. Color or race 4/4 Apache Indian

21. Age at last birthday 23 (Years)

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

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 10:30A 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. }

Given name added from supplemental report 341-808-526
(Date of)

(Signed) G. Ruyfle, M. D.
 or P. R. Ruyfle, Midwife
 Address Pine, Ariz
 Filed 9/2, 1930 G. Ruyfle Registrar.

Registrar.