DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 112
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On Reservation. or Village San Carlos
City No. No hospital. St. Wah
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roger Dosela (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Legitimate? Yes. | 8. Date of birth August 5, 1931 (Month, day, year), 19

FATHER	MOTHER
9. Full name Albert Dosela	18. Full maiden name Ida Walter
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Arizona	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
11. Color or race 4/4 Apache Indian. 12. Age at last birthday 26 (years)	20. Color or race 4/4 Apache Indian. 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or country) San Carlos, Arizona.	22. Birthplace (city or place) (State or country) San Carlos, Arizona.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent 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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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~~ report the birth of this child, who was born alive. (Born alive or stillborn) at 4 p.m. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. A.F.Hunte., M. D.
or , Midwife
Address Bylas, Arizona.
Filed 8/31, 1931 G. Langhe, Registrar.

Given name added from a supplemental report (Date of)

941-805-969
Registrar.

c11—7117

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

WHITE—MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD