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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: On reservation. or Village: San Carlos

City: No. No hospital St.: We

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Ramson Dosela (If child is not yet named, m supplemental report, as direc

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: Jan. 18, 1932 (Month, day, year), 19

FATHER	MOTHER
9. Full name: George Dosela	18. Full maiden name: Bertha Cassadore
10. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Ariz.	19. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Ariz.
11. Color or race: 4/4 Apache Indian; 12. Age at last birthday: 52 (Years)	20. Color or race: 4/4 Apache Indian; 21. Age at last birthday: (Ye
13. Birthplace (city or place) (State or country): San Carlos, Arizona	22. Birthplace (city or place) (State or country): San Carlos, Arizona
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer.	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 9 (b) Born alive but now dead 4 (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 the birth of this child, who was born alive (Born alive or stillborn) at 12 noon m. on the date above st

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

(Signed) Z. Laughlin M

or Mid

Address: San Carlos, Arizona

Given name added from a supplemental report 941-118-235 (Date of)

Registrar.

Filed 1/31, 1932 Registr