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San Carlos Agency

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 856

Registered No.

1. PLACE OF BIRTH—

County Gila State Arizona

Township On reservation without medical care or Village San Carlos

City No. No hospital St. Ward

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

2. Full name of child Dosela, Dennis (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 Oct. 10th, 1933, 19 (Month, day, year)

FATHER	MOTHER
9. Full name Dosela, Albert	18. Full maiden name Walker, Ida
10. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.	19. Residence (usual place of abode) (If nonresident, give place and State) San Carlos, Ariz.
11. Color or race 4/4 Apache	20. Color or race 4/4 Apache
12. Age at last birthday 27 (years)	21. Age at last birthday 23 (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. Own home
16. Date (month and year) last engaged in this work Oct. 1933, 19	25. Date (month and year) last engaged in this work Oct. 1933, 19
17. Total time (years) spent in this work 8 Yrs.	26. Total time (years) spent in this work 5 Yrs.

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 (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

Reported

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

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

Given name added from a supplemental report (Date of)

(Signed) M. D.

or Midwife

Address San Carlos, Ariz.

Filed Jan. 31, 1935 Fred A. Kennedy Registrar

442-1010-691

Registrar.

c11—7117

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

S—6941
V. S. No. 110