

1855

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170  
County Registrar No. 367  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Pima  
District of Sau Carlos  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Rosalie Peuli  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No. in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 8 18 23  
Month day year

8. FATHER  
Full name Julian Peuli  
9. Residence (Usual place of abode) Sau Carlos Ariz  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race 4/4 Indian  
11. Age at last birthday 46 (Years)  
12. Birthplace (city or place) Sau Carlos Ariz  
(State or country) \_\_\_\_\_  
13. Occupation Farmer and Stockman  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Edua (?)  
15. Residence (Usual place of abode) Sau Carlos Ariz  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race 4/4 Indian  
17. Age at last birthday 38 (Years)  
18. Birthplace (city or place) Sau Carlos Ariz  
(State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born alive at 11 P. m. on the date above stated.  
(Born alive or stillborn.)

Signature O. H. Sawyer MD  
Address Sau Carlos Arizona  
(Physician or midwife)

Given name added from \_\_\_\_\_  
supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrars. \_\_\_\_\_  
Filed 10-6 19 23  
County Registrar. R. G. J. G.

979-818-500