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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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of San Carlos  
Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166  
County Registrar No. 526  
Local Registrar No. \_\_\_\_\_

2. Full name of child Jule Dosela  
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 4th  
6. Legitimate? Yes  
7. Date of birth 6 20 24 Month day year

8. FATHER  
Full name Thomas Dosela  
9. Residence (Usual place of abode) San Carlos  
If nonresident, give place and state Ariz  
10. Color or race 4/4 Indian  
11. Age at last birthday 40 (Years)  
12. Birthplace (city or place) San Carlos  
(State or country) Ariz  
13. Occupation Chief of Police  
Nature of industry San Carlos Reservation  
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 5  
(b) Born alive but now dead 2  
(c) Stillborn 0

14. MOTHER  
Full maiden name Constance Colgo  
15. Residence (Usual place of abode) San Carlos  
If nonresident, give place and state Ariz  
16. Color or race 4/4 Indian  
17. Age at last birthday 33 (Years)  
18. Birthplace (city or place) San Carlos  
(State or country) Ariz  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that X attended the birth of this child, who was born alive at 11 P (Born alive or stillborn.) on the date above stated.  
\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature E. H. Sweeney M.D. (Physician or midwife)  
Address San Carlos Ariz  
Month, day, year. \_\_\_\_\_  
Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Filed AUG 5 1924  
Registrar. \_\_\_\_\_  
Local Registrar. E. H. Sweeney  
County Registrar. B. J. Joy

141-620-336