MARGIN RESERVED FOR BIND

WRITI AINLY WITH UNFADING INK—THIS IS A PERMA T 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183a

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Miami No. St., Ward

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

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

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: 7 (Month) 19 (Day) 25 (Year)

8. FATHER

Full name Harry Hosay

9. Residence (Usual place of abode) Bylas. Ariz

If non-resident, give place and state.

10. Color or race 4/4 Indian

11. Age at last birthday 46 (Years)

12. Birthplace (city or place) Bylas. Ariz

(State or country)

13. Occupation Common Laborer

Nature of industry

14. MOTHER

Full maiden name Susan Kindelay

15 Residence (Usual place of abode) Bylas. Ariz

If non-resident, give place and state.

16 Color or race 4/4 Indian

17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Bylas. 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

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? no

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 (3) m. 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 evidence of life after birth.

Signature C H Sawyer MD (Physician or midwife).

Address San Carlos, Ariz

Given name added from a supplemental report Month, day, year

Filed , 19 C H Sawyer Local Registrar.

188-719-228 Registrar

Filed , 19 County Registrar.