V

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 198

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of Peridot

Town of Rice

or

City of ..... No. ..... St. ..... Ward

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

2. Full name of child Lewis Doslea — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male — 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 (Month) 22 (day) 26 (year)

8. FATHER

Full name: George Doslea

9. Residence (Usual place of abode): Peridot, Ariz

If nonresident, give place and state

10. Color or race: 4/4 Indian

11. Age at last birthday: 47 (Years)

12. Birthplace (city or place): San Carlos Res. Ariz

(State or country)

13. Occupation: Farmer

Nature of industry

14. MOTHER

Full maiden name: Bertha Hays

15. Residence (Usual place of abode): Peridot. 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): San Carlos Res 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 7

(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~~ Report the birth of this child, who was born alive at 6 P m. on the date above stated.

(Born alive or stillborn.)

*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: 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.

Registrar.

Filed ....., 19.... County Registrar.

341-822-282

WRITE PLAINLY ... UNFADING ... ...se of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number ... in order of birth stated.