

PLACE OF BIRTH

1. County of Hila
 District of San Carlos
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Alexander Dorlean
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
) 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. _____ 6. Legitimate? Yes
 5. No., in order of birth. _____ 7. Date of birth 10 11 26
 Month day year

8. FATHER
 Full name Thomas Dorlean

14. MOTHER
 Full maiden name Constance

9. Residence (Usual place of abode) San Carlos
 If nonresident, give place and state Ariz

15. Residence (Usual place of abode) San Carlos
 If nonresident, give place and state Ariz

10. Color or race 4/8 Indian

16. Color or race 4/8 Indian

11. Age at last birthday 42 (Years)
 12. Birthplace (city or place) San Carlos
 (State or country) Ariz

17. Age at last birthday 35 (Years)
 18. Birthplace (city or place) San Carlos
 (State or country) Ariz

13. Occupation Indian Policeman
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (a) Born alive and now living 6
 (b) Born alive but now dead 2
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.) 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 Dorlean at 11:30 AM 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 P. H. Sawyer M.D.
 (Physician or midwife)

Address San Carlos Ariz

Month, day, year. _____

Filed _____ 10 _____
 Local Registrar.

Registrar.

Filed _____ 10 _____
 County Registrar.

145-1011-300