

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

State File No. 105
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township San Carlos or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Loleta Moses
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>8/6/28</u> Month Day Year
5. No., in order of birth _____				

8. FATHER
 Full name John Moses

9. Residence
 (Usual place of abode) Bylas,
 If non-resident, give place and state. Ariz.

10. Color or race Apache
4/4 Indian

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Bylas,
 (State or country) Ariz.

13. Occupation
 Nature of industry Common labor

14. MOTHER
 Full maiden name Marie Chova

15. Residence
 (Usual place of abode) Bylas,
 If non-resident, give place and state. Ariz.

16. Color or race
4/4 Indian

17. Age at last birthday 21 (Years)

18. Birthplace (city or state) San Carlos,
 (State or country) Ariz.

19. Occupation
 Nature of industry housewife

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 <u>0</u>	21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at II A. 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 returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.
 (Physician or midwife).

Given name added from _____ Address San Carlos, Ariz.

Month, day, year _____ Filed _____, 19 _____ C.H.Sawyer
 Registrar. Registrar.

342-806-431

MARRIAGE RESERVED FOR BLINDING
 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.