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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 158

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 Nora Dosela (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F.

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 10 16 28 (Month Day Year)

8. FATHER

Full name Thomas Dosela

9. Residence (Usual place of abode) San Carlos, Ariz.

If non-resident, give place and state.

10. Color or race Apache 4/4 Indian

11. Age at last birthday 44 (Years)

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

13. Occupation

Nature of industry Official Interpeter

14. MOTHER

Full maiden name Constance Calgo

15. Residence (Usual place of abode) San Carlos, Ariz.

If non-resident, give place and state.

16. Color or race Apache 4/4 Indian

17. Age at last birthday 37 (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 6

(b) Born alive but now dead 3

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. 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 M.D. (Physician or midwife).

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

Address San Carlos, Ariz.

Registrar.

Filed, 19 C. H. Sawyer Registrar.

541-1016-336