ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 202

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: San Carlos,

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: Anjelita Doslea

{ 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?

7. Date of birth: II/27/28. (Month Day Year)

8. FATHER	14. MOTHER
Full name: ?	Full maiden name: Winona Doslea
9. Residence (Usual place of abode): ?	15. Residence (Usual place of abode): San Carlos,
If non-resident, give place and state.	If non-resident, give place and state. Ariz.
10. Color or race: ?	16. Color or race: Apache 4/4 Indian
11. Age at last birthday: ? (Years)	17. Age at last birthday: 17 (Years)
12. Birthplace (city or place): ?	18. Birthplace (city or place): San Carlos,
(State or country)	(State or country) Ariz.
13. Occupation: ?	19. Occupation:
Nature of Industry	Nature of industry: house work

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: I

(b) Born alive but now dead: 0

(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 8 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).

Address: San Carlos, Ariz.

Given name added from a supplemental report: (Month, day, year)

Registrar

Filed: , 19

C. H. Sawyer

Registrar

141-1127-641