

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

State File No. 146

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 Adella 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? yes	7. Date of birth <u>1 / 13 / 29</u> Month Day Year
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8. FATHER  
Full name Raymond Doslea

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 22 (Years)

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

13. Occupation common labor  
Nature of Industry

14. MOTHER  
Full maiden name Varney Belvodo

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 24 (Years)

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

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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? no
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report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of this child, who was born alive at 5 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 return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. H. Sawyer MD  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.  
Month, day, year \_\_\_\_\_  
141-112-526 Filed \_\_\_\_\_, 19\_\_\_\_ C. H. Sawyer Registrar