PLACE OF BIRTH

1. County of Gila

District of Globe

Town of "

or

City of " No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145

County Registrar No.

Local Registrar No.

2. Full name of child McBride Cassadore (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

5. No., in order of birth

6. Legitimate? Yes

7. Date of birth: 6 (Month) – 12 (Day) 27 (Year)

8. FATHER

Full name: Alfred Cassadore

9. Residence (Usual place of abode): Globe

If non-resident, give place and state. Ariz

10. Color or race: 4/4 Indian

11. Age at last birthday 31 (Years)

12. Birthplace (city or place): Rice

(State or country) Ariz

13. Occupation: Ry. Employee

Nature of industry

14. MOTHER

Full maiden name: Maude Hinton

15. Residence (Usual place of abode): Globe

If non-resident, give place and state. Ariz

16. Color or race: 1/2 Indian

17. Age at last birthday 28 (Years)

18. Birthplace (city or place): Bylas

(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 4

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I ~~attended~~ Report the birth of this child, who was born alive at 6 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).

Address: San Carlos, Ariz

Given name added from a supplemental report Month, day, year Filed , 19

C H Sawyer Local Registrar.

435-612-485 Registrar Filed , 19

County Registrar.