PLACE OF BIRTH

1. County of Gila

District of Rice

Town of Rice

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. 194a

County Registrar No. .....

Local Registrar No. .....

2. Full name of child Coaline Cassa. } If child is not yet named, make supplemental report, as directed.

3. Sex of Child: female

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 8. (Month) 28. (day) 27. (year)

8. FATHER

Full name Oliver E. Cassa

9. Residence (Usual place of abode) Rice,

If nonresident, give place and state Ariz.

10. Color or race 4/4 Indian Age at last birthday 24 (Years)

12. Birthplace (city or place) Rice,

(State or country) Ariz.

13. Occupation

Nature of industry Common Laborer

14. MOTHER

Full maiden name Bessie Case.

15. Residence (Usual place of abode) Rice,

If nonresident, give place and state Ariz.

16. Color or race 4/4 Indian

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Rice.

(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 1

(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 the birth of this child, who was born alive (Born alive or stillborn.) at 9 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 evidences of life after birth.

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

Signature C H Sawyer MD (Physician or midwife)

Address San Carlos, Ariz.

Filed ....., 19..... C.H.Sawyer. Local Registrar.

Filed ....., 19..... County Registrar.

Registrar.

331-828-235