

# ARIZONA STATE BOARD OF HEALTH

State File No. 191  
Registered No. \_\_\_\_\_

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

**1. PLACE OF BIRTH**

County Gila State Ariz.  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Phillip Cassadore { If child is not yet named, make supplemental report, as directed

3. Sex <b>Male</b>	4. Twin, triplet, or other _____	6. Premature Full term <b>Yes</b>	7. Legitimate mate? <b>Yes</b>	8. Date of birth <u>5-28-30</u> , 19__ (Month, day, year)
5. Number, in order of birth _____				

9. Full name **FATHER**  
Alfred Cassadore

10. Residence (usual place of abode) Globe  
(If nonresident, give place and State) Ariz.

11. Color or race 4/4 Apache Indian 12. Age at last birthday 34 (Years)

13. Birthplace (city or place) Rice  
(State or country) Ariz.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. R.R. round house

16. Date (month and year) last engaged in this work at present, 19\_\_ 17. Total time (years) spent in this work 14

18. Full maiden name **MOTHER**  
Maude Hinton

19. Residence (usual place of abode) Globe  
(If nonresident, give place and State) Ariz.

20. Color or race 4/4 Apache Indian 21. Age at last birthday 31 (Years)

22. Birthplace (city or place) Bylas  
(State or country) Ariz.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10:00A 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. }

(Signed) G. Raughlin, M. D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report 735-528-785 (Date of) \_\_\_\_\_

Address Pres. Arizona

Filed 7/31, 1930 Registrar G. Raughlin

N. B.—In case of more than one child at a birth, fill separate certificates in order of birth stated.