

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
Township _____ or Village Rice
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 Theresa Cassa { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>7-13-30</u> , 19 <u>30</u> (Month, day, year)
		5. Number, in order of birth	Full term? <u>Yes</u>		

9. Full name **FATHER**
Edward Cassa

18. Full maiden name **MOTHER**
Mae Thorn

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

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

11. Color or race 4/4 Apache Indian 12. Age at last birthday 21 (Years)

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

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

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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

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

16. Date (month and year) last engaged in this work _____, 19____

25. Date (month and year) last engaged in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:00P 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) J. R. Ruyth, M. D.

Given name added from _____ (Date of) _____

Address San Carlos, Ariz Midwife

Registrar. _____

Filed 9/24, 1930 J. R. Ruyth Registrar.

331-23-143

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, in order of birth stated.

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