DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 128u

Registered No.

1. PLACE OF BIRTH—
County: Gila State: Arizona
Township: On reservation or Village: San Carlos
City: No. No hospital St.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Cassadore, John (If child is not yet named, make supplemental report, as directed)

3. Sex: Male
If plural births: 4. Twin, triplet, or other: 5. Number in order of birth:
6. Premature: Full term: X
7. Legitimate? Yes
8. Date of birth: July 20, 1931. (Month, day, year)

FATHER

9. Full name: Kenneth Cassadore
10. Residence (usual place of abode) (If non-resident, give place and State): San Carlos, Arizona
11. Color or race: 4/4 Apache Indian
12. Age at last birthday: 48 (years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona

OCCUPATION
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.:
16. Date (month and year) last engaged in this work: , 19
17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Colita ?
19. Residence (usual place of abode) (If correspondent, give place and State): San Carlos, Arizona
20. Color or race: 4/4 Apache Indian
21. Age at last birthday: 44 (years)
22. Birthplace (city or place) (State or country): San Carlos, Arizona

OCCUPATION
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: 6 (b) Born alive but now dead: 3 (c) Stillborn: 0

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~~ report the birth of this child, who was born alive (Born alive or stillborn) at 1 p.m., on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Dr. Z. Laughlin, M.D.
or , Midwife
Address San Carlos, ~~Arizona~~ Arizona.

Given name added from a supplemental report 135-720-031 (Date of)
135-720-300
Registrar.

Filed 8/3, 1931 Registrar.

c11—7117

WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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