ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 80

Registered No.

County Gila State Arizona

Township On reservation or Village San Carlos

City No. No Hospital St. W

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

2. Full name of child Johnson Cassadore (If child is not yet named, m supplemental report, as dire

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 Jan. 2, 1932 (Month, day, year), 19

9. Full name FATHER Alfred Cassadore

10. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.

11. Color or race 4/4 Apache Indian

12. Age at last birthday 38 (Years)

13. Birthplace (city or place) South Carolina (State or country)

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

18. Full maiden name MOTHER Maude Hinton

19. Residence (usual place of abode) (If non-resident, give place and State) San Carlos, Ariz.

20. Color or race 4/4 Apache Indian

21. Age at last birthday 31 (Yea

22. Birthplace (city or place) Bylas, Arizona (State or country)

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 5 (b) Born alive but now dead 2 (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 the birth of this child, who was born alive (Born alive or stillborn) at 2 p.m. m. on the date above sta

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

(Signed) Z. Laughlin, M

or , Mid

Address San Carlos, Arizona

Filed 1/31, 1932 [signature] Registra

Given name added from a supplemental report (Date of)

135-102-485 Registrar.