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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: Arizona

Township: Born on reservation without medical care or Village: San Carlos

City: No hospital No. St. Ward

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

2. Full name of child: Coleman Cassa (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:

7. Legitimate?:

8. Date of birth: Aug. 8, 1932 (Month, day, year), 19

FATHER

9. Full name: Oliver Cassa

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

11. Color or race: 4/4 Apache 12. Age at last birthday: 28 (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: Bessie Case

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

20. Color or race: 4/4 Apache 21. Age at last birthday: 24 (Years)

22. Birthplace (city or place) (State or country): San Carlos, Ariz

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: 3 (b) Born alive but now dead: 0 (c) Stillborn: 1

28. If stillborn, period of gestation: 9 months or weeks

29. Cause of stillbirth: Unknown 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 11:30 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) J. C. Hancock, M. D.

or , Midwife

Address: San Carlos, Ariz

Given name added from supplemental report: 331-808-235 (Date of)

Registrar.

Filed: Aug 14, 1932 J. C. Hancock M.D. Registrar.