DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 77
Registered No.

1. PLACE OF BIRTH—
County: Gila State: Arizona
Township: On reservation without medical care or Village: San Carlos
City: No. No hospital St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex: Male
If twins or triplets: 4. Twin, triplet, or other: 5. Number, in order of birth:
6. Premature: Full term: X
7. Legitimate? Yes.
8. Date of birth: 2-11-33, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: Geo:ge Cassadore	12. Full maiden name: Mary Moline
10. Residence (usual place of abode) (If nonresident, give place and State): SanCarlos, Arizona	13. Residence (usual place of abode) (If nonresident, give place and State): SanCarlos, Arizona
11. Color or race: 4/4 Apache Indian 12. Age at last birthday: 27 (years)	14. Color or race: 4/4 Apache Indian 15. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or country): San Carlos, Arizona	22. 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: Day laborer.	OCCUPATION 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
17. Total time (years) spent in this work	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: 0 (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 4 am 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, Arizona
Filed Feb. 26, 1933 J C Hancock, Registrar.

Given name added from a supplemental report (Date of)
392-211-452, Registrar.

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