DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 82
Registered No.

1. PLACE OF BIRTH—
County Gila State Arizona
Township On reservation without medical care Village San Carlos
City ~~No. or hospital~~ No. San Carlos Hospital Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Joan Cassa (If child is not yet named, make supplemental report, as directed)

3. Sex Female | 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 June 6, 1933, 19__ (Month, day, year)

FATHER
9. Full name Elmer Cassa
10. Residence (usual place of abode) (If not resident, give place and State) San Carlos, Arizona
11. Color or race 4/4 Apache 12. Age at last birthday 26 (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. 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

MOTHER
18. Full maiden name Cora Tolto
19. Residence (usual place of abode) (If not resident, give place and State) San Carlos, Arizona
20. Color or race 4/4 Apache 21. Age at last birthday 29 (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 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 the birth of this child, who was born alive (Born alive or stillborn) at 6:05 a.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. M.D. or Midwife
Address Arizona
Given name added from a supplemental report ____ (Date of)
Filed June 6, 1933 J.A. Fjeldsted Registrar
131-602-336 Registrar
c11—7117