MARGIN RESERVED FOR BINDING — RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT

N. Bundles, sets of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of each, in order of birth, stated.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. 131

Registered No.

1. PLACE OF BIRTH—
County: Gila — State: Arizona
Township: On reservation with medical care — or Village
City — No. San Carlos Indian 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, Donald (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: November, 30, 1935 (Month, day, year)

9. Full name: FATHER Cassadore, Alfred
10. Residence (usual place of abode) (If nonresident, give place and State): San Carlos
11. Color or race: 4/4 Apache — 12. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or country): San Carlos Reservation, Arizona
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
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 Pinton, Maude
19. Residence (usual place of abode) (If nonresident, give place and State): San Carlos
20. Color or race: 4/4 Apache — 21. Age at last birthday: 34 (years)
22. Birthplace (city or place) (State or country): San Carlos Reservation, Arizona
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
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: Before labor / During labor
28. If stillborn, period of gestation: months or weeks
29. Cause of stillbirth

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 12:45P 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. Haddock, P.H. M. D. / Midwife
of
Address San Carlos, Arizona

Given name added from a supplemental report

Filed Nov. 30, 1935 — J. H. Haddock M.D. Registrar

1135 - 1130 - 485 (Dec 00)

Registrar.

211—7113