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File

8—334 c
V. S. No. 110

(Instructions on certain points may be printed on the back. Size of certificate, 6⅞ x 7⅞ inches.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B.—In case of more than one child at a birth, a SEPARATE RETURN 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. 14

Registered No.

1. PLACE OF BIRTH—

County Gila State Arizona.

Township or Village Peridot.

City No. St.

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

2. Full name of child Freddie Cassa. (If child is not yet nam supplemental report, a

3. Sex of child Male | *To be answered ONLY in event of plural births.* 4. Twin, triplet or other 5. Number, in order of birth | 6. Legitimate? Yes | 7. Date of birth July 24-1920 Month, d

FATHER	MOTHER
8. Full name Louis ~~Cassa~~. Case	14. Full maiden name Lucy Steva
9. Residence (Usual place of abode) Peridot. If nonresident, give place and State Arizona.	15. Residence (Usual place of abode) Peridot. If nonresident, give place and State Arizona.
10. Color or race Indian 11. Age at last birthday 27 (Years)	16. Color or race 17. Age at last birthday 32
12. Birthplace (city or place) Peridot. (State or country) Arizona.	18. Birthplace (city or place) Peridot. (State or country) Arizona.
13. Occupation Nature of industry Farmer.	19. Occupation Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Living (b) Born alive but now dead (c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at m. on the date above st

**When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.*

Signature Mary A. Seward.

Field Matron. (Physician or Midwife)

Given name added from a supplemental report 635-724-321 (Month, day, year)

Address Rice. Arizona.

Filed , 19

Registrar.

611—7117

Registrar