

1233

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____
City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 168
County Registrar No. 172
Local Registrar No. _____

Full name of child Louella A. Cassadon
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. _____
6. Legitimate? yes
7. Date of birth 2 24 24
Month day year

FATHER
8. Full name Alfred Cassadon
9. Residence (Usual place of abode) Globe Ariz
If nonresident, give place and state
10. Color or race 4/4 Indian
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) San Carlos Ariz
(State or country)
13. Occupation Laborer in R.R. Shops
Nature of industry

MOTHER
14. Full maiden name Maudie Hudson
15. Residence (Usual place of abode) Globe Ariz
If nonresident, give place and state
16. Color or race 4/4 Indian
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Byles Ariz
(State or country)
19. Occupation Housewife
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 2
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that X attended the birth of this child, who was born alive at 6 a.m. on the date above stated.
(Born alive or stillborn.)

*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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Signature [Signature]
(Physician or midwife)
Address San Carlos Ariz
Filed 2-29 1924 _____
Filed 3/7 1924 _____
County Registrar.

335-224-485