

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of _____

or

City of KeokukBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 169

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Margaret Cassadore (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.)

3. Sex of Child Male 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 4 16 25 Month Day Year8. FATHER
Full name Alfred Cassadore14. MOTHER
Full maiden name Maud Hudson9. Residence (Usual place of abode) Keokuk
If non-resident, give place and state. Indy15. Residence (Usual place of abode) Keokuk
If non-resident, give place and state. Indy10. Color or race 4/4 Indian 11. Age at last birthday 29 (Years)16. Color or race 1/2 Indian 17. Age at last birthday 26 (Years)12. Birthplace (city or place) San Carlos, Arizona
(State or country) Ariz18. Birthplace (city or place) Byles
(State or country) Indy13. Occupation Laborer in S.P. Ry. Shops
Nature of industry19. Occupation Housewife
Nature of industry20. 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 1
(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? no

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.00 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 evidence of life after birth.
Signature E. H. Sawyer M.D. (Physician or midwife)
Address San Carlos, IndGiven name added from a supplemental report _____ Filed _____, 19____
Month, day, year _____ Local Registrar. E. H. Sawyer

Registrar _____ Filed _____, 19____ County Registrar.

535-416-485