ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 183

Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No. St., Ward

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

2. Full name of child: Elmer Cassadore (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: 9/29/28. (Month Day Year)

FATHER

8. Full name: Alfred Cassadore

9. Residence (Usual place of abode): Globe,

If non-resident, give place and state. Ariz.

10. Color or race: Apache 4/4 Indian

11. Age at last birthday: 22 (Years)

12. Birthplace (city or place): Rice,

(State or country) Ariz.

13. Occupation

Nature of industry: Fireman S.P.Ry.

MOTHER

14. Full maiden name: Maude Hinton

15. Residence (Usual place of abode): Globe,

If non-resident, give place and state. Ariz.

16. Color or race: Apache & white 1/2 Indian

17. Age at last birthday: 28 (Years)

18. Birthplace (city or state): Bylas,

(State or country) Ariz.

19. Occupation

Nature of industry: housewife

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: 7

(b) Born alive but now dead: 1

(c) Stillborn: 0

21. Were precautions taken against ophthalmia neonatorum. yes

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 3 P.M. on the date above stated.

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

Signature: E. E. Mansfield MD

(Physician or midwife).

Given name added from a supplemental report (Month, day, year)

Address: Rice, Ariz.

Registrar.

Filed, 19 C. H. Sawyer Registrar.

535-929-485

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.