

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 158  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Pila State Arizona  
District or Township \_\_\_\_\_ or Village San Carlos  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

2. Full name of child Clarissa Cassadore

3. Sex of Child <u>female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>1 / 18 / 29</u> Month Day Year
		5. No., in order of birth _____		

**8. FATHER**  
Full name George Cassadore

**14. MOTHER**  
Full maiden name Mary Noline

9. Residence (Usual place of abode) San Carlos, Ariz.  
If non-resident, give place and state.

15. Residence (Usual place of abode) San Carlos, Ariz.  
If non-resident, give place and state.

10. Color or race Apache  
4/4 Indian

16. Color or race Apache  
4/4 I

11. Age at last birthday 24 (Years)

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Rice, Ariz.  
(State or country)

18. Birthplace (city or place) San Carlos, Ariz.  
(State or country)

13. Occupation  
Nature of industry common labor

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	<u>2</u>
(b) Born alive but now dead	<u>0</u>
(c) Stillborn	<u>0</u>

21. Were precautions taken against ophthalmia neonatorum?  
yes

I hereby certify that I attended the birth of this child, who was born alive at 10 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 evidence of life after birth.

Signature C. H. Sawyer, M.D.  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address San Carlos, Ariz.

335-118-455 \_\_\_\_\_, 19 29 C. H. Sawyer Registrar  
Month, day, year

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.