

PLACE OF BIRTH

1. County of Gila

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 126

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or _____

Local Registrar No. 1

City of Globe

No. 846 So & 254 St. _____ Ward _____

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

2. Full name of child Joe Carillo Jr. } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Jan 1-1927
 5. No., in order of birth _____ Month day year

8. FATHER Full name Joe Carillo

14. MOTHER Full maiden name Grace J Sainz

9. Residence (Usual place of abode) Globe
 If nonresident, give place and state

15. Residence (Usual place of abode) Globe
 If nonresident, give place and state

10. Color or race Mex 11. Age at last birthday 22 (Years)

16. Color or race Mex 17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Jalisco Mex
 (State or country)

18. Birthplace (city or place) Globe Ariz
 (State or country)

13. Occupation Nature of industry Motorman in mine

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 1
 (b) Born alive but now dead 0
 (c) Stillborn _____

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 _____ at 12:35 P. 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.
 Signature M. J. Horst, M.D.
 Address Globe Ariz. (Physician or midwife)

Given name added from _____
 supplemental report _____
 Month, day, year. Filed 1-31-27 Horst
 Local Registrar.

Registrar. Filed _____ County Registrar.

136-101-729