

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

State File No. 131
489
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 721 Pine Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Salvador Carillo (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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Nov-13-1927
Month Day Year

8. FATHER
Full name Miguel Carillo
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
10. Color or race Mex.
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Durango, Mex.
(State or country) _____
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Amelia Monta
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
16. Color or race Mex
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Chihuahua, Mex.
(State or country) _____
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 _____
(b) Born alive but now dead 3
(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 born alive at 10 A. m. on the date above stated
(Born alive or stillborn)

Signature Eyril M. Brown M.D.
Physician
(Physician or midwife)

Address Miami, Arizona

Filed Nov 20 1927 Registrar _____

*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.
Given name added from _____
a supplemental report _____
Month, day, year _____
Registrar _____

236-1113-141

NK--THIS IS A PERM. RETURN must be made for each, and the number of ea. of birth stated.
 B.--in case of more than one child