

PLACE OF BIRTH
 County of Gila
 District of _____
 City or Town of Hayden
 Ward of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 133
 Co. Register No. 362
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

(No. _____ St. _____ Ward)

Full Name of Child Maria Anastacia Carrillo } Born } YES
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of child <u>female</u>	Twin, Triplet or other <u>x</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 6</u> 191 <u>8</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Name <u>Carlos M Carrillo</u>			Full Maiden Name <u>Refugia Escalante</u>		
Residence <u>Hayden Ariz</u>			Residence <u>Hayden</u>		
Age at last Birthday <u>28</u> (Years)			Age at last Birthday <u>23</u> (Years)		
Place of Birth <u>Sonora Mex</u>			Birthplace <u>Sonora Mexico</u>		
Occupation <u>Employed as Carpenter helper</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>		Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>no</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 6, 1918, at 12 P.M.

When there is no attending physician or midwife, then the householder should make this return.

(Signature) Frank Brown
 (Attending physician, midwife, householder.)*

Address Washington St.
W.B. Dist.

LOCAL REGISTRAR.

Filed 7/7 1918

436-706-955
 COUNTY REGISTRAR.

Filed 8/10 1918 A True Copy
B.G. Fox
 COUNTY REGISTRAR.