196

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140

Co. Register No. 679

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Alberto Carillo

If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Born Alive: Yes ~~No~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
M	1		6	Yes	Nov 12 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Pedro Carillo	Full Maiden Name	Antonia Gonzalez
Residence	Miami	Residence	Miami
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	36 (Years)	Age at last Birthday	28 (Years)
Birthplace	New Mexico	Birthplace	New Mexico
Occupation	Miner	Occupation	X

Number of child of this mother 6 | Number of children, of this mother, now living 5 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov 12 1920, at 3 P M.

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

(Signature) Charles E. Drim M.D.
(Attending physician, ~~midwife, householder.*~~)

Address Miami Arizona

Given or Christian name added from a supplemental report 192

Filed 11/30/ 1920

T H Slaughter
LOCAL REGISTRAR.

136-1112-179
COUNTY REGISTRAR.

Filed 12/8 1920

A True Copy

B. G. Fox
COUNTY REGISTRAR.