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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181

Co. Registrar's No. 704

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Andreas Carillo

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth: 2 | Legitimate? yes | Date of Birth: Nov. 30, 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Adelido Carillo	Full Maiden Name	Catalina Gonzalez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	35 Years	Age at last Birthday	26 Years
Birthplace	Lower Calif, Mexico	Birthplace	Lower California, Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 2 | Number of Children, of this mother, now living: 1 | 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. 30, 1920 at 12 A.M.

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

Signature April M. Crow M.D.

Attending physician, ~~midwife, householder~~.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed 12/24/1920 — T. H. Slaughter, LOCAL REGISTRAR.

136-1130-379 — COUNTY REGISTRAR.

A True Copy

Filed 12-27-1920 — _____ COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.