238

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. 172

Co. Registrar No. 314

Local Registrar's No.

(No. St. Ward)

FULL NAME OF CHILD Trinidad 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		4	Y	May 22-21 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Isabel Carillo	Full Maiden Name	Heronia Martinez
Residence	Miami	Residence	Miami
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	26 (Years)	Age at last Birthday	27 (Years)
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	X

Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
4	3	Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on May 22 1921, at 4 A.M.

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

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

Address Miami Ariz

Given or Christian name added from a supplemental report 192

Filed May 25 1921 B. W. Hardy MD LOCAL REGISTRAR.

376-522-449 COUNTY REGISTRAR.

Filed 6-1 1921 A True Copy B. G. Gray COUNTY REGISTRAR.