

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of DilaDistrict of Lower MiamiTown of miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 129County Registrar No. 623

Local Registrar No. _____

No. Warrior Building St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Michaela Carrillo (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 8, 1926</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Angel Carrillo14. MOTHER
Full maiden name Cecilia Ybarra9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.10. Color or race Mexican
11. Age at last birthday 43 (Years)16. Color or race Mexican
17. Age at last birthday 37 (Years)12. Birthplace (city or place) _____
(State or country) Mexico18. Birthplace (city or place) _____
(State or country) Mexico13. Occupation Laborer
Nature of industry Copper mill19. Occupation Housewife
Nature of industry _____

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 <u>5</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead <u>6</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:30 P. m. on the date above stated
(Born alive or stillborn.)

* 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.	Signature <u>J. J. Miller</u> (Physician or midwife)
Address <u>Miami, Arizona</u>	

Given name added from a supplemental report _____
Month, day, year _____ Filed May 28, 1926 Local Registrar.

Registrator _____ Filed _____ 19 _____ County Registrar.

436-506-381

N. B. - In case of more than one child, an additional copy should be made of this certificate in order of birth stated.