

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 171  
 Registered No. 69

1. PLACE OF BIRTH

County Uta State \_\_\_\_\_  
 District or Township Hayden or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Manuel Trojillo Carrillo (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin/triplet or other: \_\_\_\_\_ 5. No., in order of birth: 1st 6. Legitimate? Yes 7. Date of birth Nov 21 1928  
 Month Day Year

8. FATHER  
 Full name Ramon de Carrion

14. MOTHER  
 Full maiden name Rena Trojillo

9. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 23 (Years)

16. Color or race Mex 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Colorado  
 (State or country) from Mex

18. Birthplace (city or place) Togales Ariz  
 (State or country)

13. Occupation Labourer  
 Nature of industry

19. Occupation House wife  
 Nature of industry

20. Number of children of this mother 1  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum?  
Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.m. on the date above stated

\*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 Charles H. ...  
Hayden Ariz  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address \_\_\_\_\_  
 Filled Nov 27 1928 W.D. ...  
 Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

436-1121-931