

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 144
Registered No. 504

1. PLACE OF BIRTH

County Pima State Arizona

District or Township _____ or Village _____

City Miami No. 719 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eusebio Carrillo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth Dec 15 1928
Month Day Year

8. FATHER
Full name Ruperto Carrillo

14. MOTHER
Full maiden name Sabina Pedrosa

9. Residence 719 Live Oak St
(Usual place of abode)
If non-resident, give place and state.

15. Residence 719 Live Oak St
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 34 (Years)

16. Color or race Mexican
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Tehuacan
(State or country) Jalisco Mexico

18. Birthplace (city or place) Villa Hidalgo
(State or country) Jalisco Mexico

13. Occupation Miner
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother. _____ } (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child). } (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 Alive at 2 - Am 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 Rosa Leoty
(Physician or midwife)

Given name added from a supplemental report _____ Address 806 Sullivan St
Month, day, year _____

Filed Dec 20 1928 Registrar L. G. J. J. J.
Registrar _____

536-1215-271