4186

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

Co. Registrar's No. 171

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 Jose Soto

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 (Month)	(Day)	(Yr.)
Male			1st	yes	March	19	1921

FATHER		MOTHER	
Full Name	Manuel Soto	Full Maiden Name	Leonore Villanueva
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	22 Years	Age at last Birthday	20 Years
Birthplace	Tucson, Arizona	Birthplace	Jefric, Mexico
Occupation	Clerk	Occupation	Housewife

Number of child of this Mother 1 | 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 March 19, 1921, at 12:10 A.M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

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

Filed Mar 31 1921

B. W. Hardy
LOCAL REGISTRAR.

A True Copy

Filed Apr 6 1921

B. W. Hardy
COUNTY REGISTRAR.

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COUNTY REGISTRAR.

126-319-351