

This certificate must be filed by the attending Physician
 the number of each, in order of birth, stated. This certificate must be filed by the attending Physician
 or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or _____
 City of Moen (No. _____ St. _____ Ward)

State Index No. 131
 Co. Registrar's No. 578
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Manuel Rodriguez Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth _____ Legitimate? Date of Birth Oct-11-1921
 Month Day Yr.

FATHER
 Full Name Mateo Rodriguez
 Residence Moen, Arizona
 Color or Race Mexican Age at last Birthday 32 Years
 Birthplace Mexico
 Occupation Miner

MOTHER
 Full Maiden Name Luz Aguilar
 Residence Moen
 Color or Race Mexican Age at last Birthday 27 Years
 Birthplace Mexico
 Occupation House wife

Number of child of this Mother 8 Number of Children, of this mother, now living 8 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct-11-1921 at 8 A.M.

{ *When there is no attending physician or midwife, then the householder should make this return. }
 Signature C. J. Aotelson, D.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____
 Address Moen, Arizona
 Filed Oct 15 1921 B. J. Hard
 LOCAL REGISTRAR.
499-1011-319 A True Copy
 COUNTY REGISTRAR. Filed 11-7 1921 B. J. Hard
 COUNTY REGISTRAR.