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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

Co. Registrar's No. 79

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 Manuel Olguin Jr. } Born Alive } YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth
Male			2	yes	March 10 1922 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Manuel Olguin	Full Maiden Name	Adriana Dominguez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex.
Age at last Birthday	23 Years	Age at last Birthday	19 Years
Birthplace	Wilcox, Arizona	Birthplace	Congress, Arizona
Occupation	Machinist	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 10 1922 at 8 P. M.

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

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

Given or Christian name added from a supplemental report ..... 191..

Address Miami, Arizona

Filed Mar 20 1922 B. M. Hardy
LOCAL REGISTRAR.

465-310-149
COUNTY REGISTRAR.

Filed 4-5 1922 A True Copy B. G. Fox
COUNTY REGISTRAR.

In case of more than one child at birth, a SEPARATE RETURN must be made for each, and 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.