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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 178

Co. Registrar's No. ~~14~~ 115

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 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			2	yes	March 31 1922

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	24 Years	Age at last Birthday	22 Years
Birthplace	Tucson Arizona	Birthplace	Jefric Mexico
Occupation	Timberman	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 31, 1922 at 11:30 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.*

Address Miami, Arizona

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

Filed Mar 31 1922 B. M. Stark
LOCAL REGISTRAR.

4/26 331-351
COUNTY REGISTRAR.

Filed 4-6 1922 A True Copy B. S. Stark
COUNTY REGISTRAR.

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