WRITE PL... Y WITH UNFADING INK—THIS IS A PERMANE. RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194

County Registrar No.

Local Registrar No. 114

PLACE OF BIRTH

1. County of Gila

District of Globe

Town of Copper Hill

or

City of Globe

No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ascencion Dominguez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? yes

7. Date of birth May 26, 1927 (Month day year)

8. FATHER

Full name Alberto Dominguez

9. Residence (Usual place of abode) Copper Hill, Arizona

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 37 (Years)

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

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Juana Salcedo

15. Residence (Usual place of abode) Copper Hill, Arizona

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Clifton, Arizona (State or country)

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living Five

(b) Born alive but now dead Eight

(c) Stillborn None

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 born alive at 9 A. m. 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 evidences of life after birth.

Signature T. C. Harper M. D. (Physician or midwife)

Address Globe, Arizona.

Given name added from a supplemental report ..... Month, day, year.

Filed ....., 19.... Local Registrar.

Registrar.

Filed 5-31-27 19.... W. W. Stout County Registrar.

149-526-126