

INCL. IN SEPARATE ENCL.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1080
Registered No. 253

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Ruiz Canyon or Village _____
City Hesse No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elvario 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 _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth 11-3-1927
Month Day Year

8. FATHER
Full name Ramon Dominguez
9. Residence (Usual place of abode) Ruiz Canyon
If non-resident, give place and state.

14. MOTHER
Full maiden name Soledad Hernandez
15. Residence (Usual place of abode) Ruiz Canyon
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 24 (Years)

16. Color or race Mexican
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Dogpound
(State or country) Arizona

18. Birthplace (city or place) Old Mexico
(State or country)

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry House Wife

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 3
(b) Born alive but now dead 2
(c) Stillborn _____

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 10:00 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 evidence of life after birth.

Signature L. E. Wightman, M.D.
(Physician or midwife.)

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

Address Hesse Ariz. Box 144

Filed Nov 16, 1928 L. E. Wightman
Registrar

542-1103-289

INK—THIS IS A PERMANENT RECORD
THE RETURN must be made for each, and the number of each in order of birth stated.
N. B.—In case of more than one child at a birth, order of birth stated.