

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

State File No. 5-103
 Registered No. 516

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____

City Miami No. 1015 Dept Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Domica Regina { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female 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 Dec 6 1927
Month Day Year

8. FATHER Full name Enrique Regia

14. MOTHER Full maiden name Emilia Iniguez

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

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 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 19 (Years)

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

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

13. Occupation miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

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 1
 (b) Born alive but now dead 0
 (c) Stillborn 0

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 alive at 10:10 A m. on the date above stated
(Born alive or stillborn.)

Signature J. P. Miller
(Physician or midwife.)

Given name added from a supplemental report _____
 Address Miami, Arizona

Filed Dec 12, 1927 Registrar R. E. Dora

N. B. - This certificate is valid only when used in connection with the order of birth stated.

441-1206-599