

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

State File No. 137
 Registered No. 238

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township _____ or Village _____
 City 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 Baby Dominguez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other no 6. Legitimate? yes 7. Date of birth Dec 9 - 30
 5. No., in order of birth 1 Month Day Year

8. FATHER
 Full name Ramon Dominguez
 9. Residence (Usual place of abode) Quez Canyon
 If non-resident, give place and state. _____
 10. Color or race Mex
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Safford
 (State or country) Ariz
 13. Occupation Laborer
 Nature of industry _____

14. MOTHER
 Full maiden name Solidar Hernandez
 15. Residence (Usual place of abode) Quez Canyon
 If non-resident, give place and state. _____
 16. Color or race Mex
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Mexico
 (State or country) _____
 19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 9 } (a) Born alive and now living 4
 (Taken as of time of birth of child herein } (b) Born alive but now dead 4
 certified and including this child.) } (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 born alive at 9 P. 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 P. J. Kennedy

 (Physician or Midwife).

Given name added from a supplemental report _____ Month, day, year _____
 Address Globe Ariz
 Filed 1/4 1931 G. E. Wightman Registrar

049-1009-289

CLASS OF BIRTH STATISTICS