ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 148

Registered No. 179

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 Salvador 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 9 - 23 - 31 (Month Day Year)

8. FATHER

Full name Rosalio Dominguez

9. Residence (Usual place of abode) Globe Ariz.

If non-resident, give place and state.

10. Color or race mex.

11. Age at last birthday 19 (Years)

12. Birthplace (city or place) Metcalf Ariz.

(State or country)

13. Occupation

Nature of industry

14. MOTHER

Full maiden name Mary Louise Salas

15. Residence (Usual place of abode) Globe Ariz.

If non-resident, give place and state.

16. Color or race mex

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 1

(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 born alive at 1 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 T. C. Harper

physician (Physician or midwife).

Given name added from a supplemental report 249-923-422 Month, day, year

Address Globe, Arizona

Filed 12/5, 1931 L. E. Wightman Mrs Registrar

Registrar

WRITE PLAN RESERVED FOR BINDING

UNFADING INK—THIS IS A PERMANENT RECORD

h, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

N. B.—In case of more than one