

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

AMENDMENT TO VITAL RECORD

Identifying information about the registrant as it appears on the original record:

A. Name of Registrant Apolonio Dominguez B. File No. 210  
 C. Date <sup>{ Birth</sup> August 19 1938 <sup>{ Death</sup> D. Place Graham Safford  
MONTH DAY YEAR COUNTY CITY

	E. ITEM ON CERTIFICATE	F. ENTRY BEFORE AMENDMENT	G. ENTRY AFTER AMENDMENT
1	Child's name	Apolonio Dominguez	Maria Louisa Dominguez
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H. ABSTRACT OF SUPPORTING DOCUMENTS

1.	TYPE OF DOCUMENT <u>Personal affidavit, father</u>	BY WHOM ISSUED AND SIGNED <u>Apolonio Dominguez</u>	DATE ISSUED <u>9-30-54</u>	DATE ORIG. ENTRY <u>9-30-54</u>
	INFORMATION CONCERNING REGISTRANT IN DOCUMENT <u>Child's name: Maria Louisa Dominguez</u>			
2.	TYPE OF DOCUMENT <u>Personal affidavit, mother</u>	BY WHOM ISSUED AND SIGNED <u>Nestora D. Dominguez</u>	DATE ISSUED <u>9-30-54</u>	DATE ORIG. ENTRY <u>9-30-54</u>
	INFORMATION CONCERNING REGISTRANT IN DOCUMENT <u>Child's name: Maria Louisa Dominguez</u>			
3.	TYPE OF DOCUMENT <u>Bapt. Cert. Ch. of St. Rose Safford, Arizona</u>	BY WHOM ISSUED AND SIGNED <u>Bernard P. O'Boyle, Pastor</u>	DATE ISSUED <u>10-30-38</u>	DATE ORIG. ENTRY <u>10-30-38</u>
	INFORMATION CONCERNING REGISTRANT IN DOCUMENT <u>Registrant's name: Maria Luisa Dominguez</u>			
4.	TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
	INFORMATION CONCERNING REGISTRANT IN DOCUMENT <u>449-819-549</u>			

REGISTRAR'S  
CERTIFICATION

I hereby certify that I have examined the documents referred to above and that the abstract is true and correct.

STATE REGISTRAR

EVIDENCE REVIEWED BY

DATE FILED

*E. J. Falshwy* & *Mareta Ravenport*

Nov. 18, 1954

