PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

District of

Town of Miami
or
City of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

Miami-Inspiration Hospital
(No. St. Ward)

State Index No. 128

Co. Registrar No. 517

Local Registrar's No.

FULL NAME OF CHILD Rudolfo Dominguez

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES / NO

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male				Yes	Oct 9. 1921

FATHER		MOTHER	
Full Name	Jose Dominguez	Full Maiden Name	Renalda Casas
Residence	Miami, Ariz.	Residence	Miami, Ariz
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday (Years)	31	Age at last Birthday (Years)	23
Birthplace	Mexico	Birthplace	Mexico
Occupation	Miner	Occupation	Housewife

Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
4	4	Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Oct. 9. 1921, at 1:30 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) F. F. Miller
(Attending physician, ~~midwife, householder.*~~)

Address Miami, Ariz.

Given or Christian name added from a supplemental report 192

Filed Oct 12 1921 B. M. Hardy M.D.
LOCAL REGISTRAR.

949-1009-932

Filed 11-7 192 1 A True Copy
COUNTY REGISTRAR.

COUNTY REGISTRAR.