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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104

County Registrar No. 18

Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila

District of ____

Town of Miami

or

City of ____ No. ____ St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felix 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 2

6. Legitimate? yes

7. Date of birth Jan. 1 1924. (Month, day, year)

8. FATHER

Full name Felix Dominguez

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz

10. Color or race Mex.

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Chihuahua

(State or country) Mex

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Lilia Merino

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz

16. Color or race Mex

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Metcalf

(State or country) Ariz

19. Occupation

Nature of industry Housewife

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 2

(b) Born alive but now dead ____

(c) Stillborn ____

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 (Born alive or stillborn.) at 3 P. m. on the date above stated.

*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 evidences of life after birth.

Signature C. M. Crow M.D. (Physician or midwife)

Address Miami Arizona

Given name added from a supplemental report ____ Month, day, year.

Registrar.

Filed Jan 31 1924 D. E. Irvin Local Registrar.

Filed 2/5 1924 B G Fox County Registrar.

649-101-346

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.