MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136

County Registrar No. 44

Local Registrar No.

PLACE OF BIRTH

1. County of Gila,

District of Globe,

Town of Globe.

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 Ysidra Domins, (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Female

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 1 (Month) 13 (day) 24 (year)

FATHER

8. Full name Romonia Domins,

9. Residence (Usual place of abode) Ruiz Canon, Globe, Ariz.

If nonresident, give place and state

10. Color or race Mex.

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Safford, (State or country) Ariz.

13. Occupation

Nature of industry Laborer

MOTHER

14. Full maiden name Soldavd Ernardez,

15. Residence (Usual place of abode) Ruiz Canon, Globe, Ariz.

If nonresident, give place and state

16. Color or race Mex.

17. Age at last birthday 18 (Years)

18. Birthplace (city or place)..... (State or country) Mexico.

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 0 0

(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 Alive (Born alive or stillborn.) at 1:13 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 L. E. Wightman (Physician or midwife)

Address Globe, Ariz.

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

Registrar.

Filed Jan 16, 1924 B. G. Day Local Registrar.

Filed 2-5 1924 B. G. Day County Registrar.

842-113-259