

1116

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Globe
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131
County Registrar No. 868
Local Registrar No. _____

2. Full name of child Eladio Dominguez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
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. Legitimate? yes
6. Date of birth Nov. 3, 1924
Month day year

3. FATHER
Full name Ramon Dominguez
9. Residence (Usual place of abode) 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 Arizona
(State or country)
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Soledad Hernandez
15. Residence (Usual place of abode) 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) Alamos New Mexico
(State or country)
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 7
(b) Born alive but now dead 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 at 12:30 p.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 evidences of life after birth.
Signature J.C. Harper, M.D.
Address Globe, Arizona
Given name added from _____
supplemental report _____
Month, day, year. _____
Filed 11-5 1924
DEC 5 1924
Registrar. _____ Local Registrar. _____
County Registrar. _____

549-1103-289