1153

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. 175
County Registrar No. 403
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Globe
or
City of Globe Ariz No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Girl — If child is not yet named, make supplemental report, as directed.

3. Sex of Child Fem — To be answered ONLY in event of plural births. 4. Twin, triplet or other 5. No., in order of birth 6. Legitimate? 7. Date of birth Nov. 19 1924 (Month day year)

8. FATHER	14. MOTHER
Full name Ramon Domingoz	Full maiden name Fransisca Gonsio
9. Residence (Usual place of abode) If nonresident, give place and state Globe Ariz	15. Residence (Usual place of abode) If nonresident, give place and state Globe Ariz
10. Color or race mex — 11. Age at last birthday 35 (Years)	16. Color or race mex — 17. Age at last birthday 30 (Years)
12. Birthplace (city or place) Los Cruses (State or country) n. mex.	18. Birthplace (city or place) Los Cruses (State or country) n. mexico
13. Occupation Nature of industry miner	19. Occupation Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living live
(b) Born alive but now dead
(c) Stillborn living

21. Were precautions taken against ophthalmia neonatorum?

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 3 a.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 Mrs. J. H. Bryant (Physician or midwife)
Address 410 Euclid house wife

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

Filed nov 19, 1924 B. G. Fox Local Registrar.

nov. 19 1924 Registrar.

Filed DEC 5 1924 B. G. Fox County Registrar.

049-1119-676