

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

so 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 _____
 or Globe
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165
 County Registrar No. _____
 Local Registrar No. 33

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Domingue } 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 _____ } 6. Legitimate? yes } 7. Date of birth March 18, 1925
 Month day year

3. FATHER
 Full name Alberto Domingue
 9. Residence (Usual place of abode) Copper Hill, Ariz.
 If nonresident, give place and state
 10. Color or race Mex.
 11. Age at last birthday 38 (Years)

14. MOTHER
 Full maiden name Juana Salsida
 15. Residence (Usual place of abode) Copper Hill, Ariz.
 If nonresident, give place and state
 16. Color or race Mex.
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation
 Nature of industry miner

18. Birthplace (city or place) Clifton, Ariz.
 (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 5
 (b) Born alive but now dead 7
 (c) Stillborn 0

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 4 p. 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.
 (Physician or midwife)
 Address Globe, Ariz.

Given name added from a supplemental report _____ Filed Apr 1, 1925 _____
 Month, day, year. _____
C. W. Wightman
 Local Registrar.

Filed _____ 19 _____
 Registrar. _____ County Registrar.

049-318-121