

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 176  
 Registered No. 128

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ Village \_\_\_\_\_  
 City Miami No. 921 Pine Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Berta Dominguez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth <u>June 19-1925</u> Month Day Year
		5. No., in order of birth <u>2</u>	<u>yes</u>	

**8. FATHER**  
 Full name Juan Dominguez  
 9. Residence (Usual place of abode) Miami Ariz.  
 If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 22 (Years)  
 12. Birthplace (city or place) Hurley  
 (State or country) New Mex.  
 13. Occupation  
 Nature of Industry Miner

**14. MOTHER**  
 Full maiden name Julia Mendoza  
 15. Residence (Usual place of abode) Miami Ariz.  
 If non-resident, give place and state.  
 16. Color or race Mex.  
 17. Age at last birthday 17 (Years)  
 18. Birthplace (city or place) Mesa  
 (State or country) Arizona  
 19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother _____ <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead _____	
	(c) Stillborn _____	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 3:30 A.M. on the date above stated  
(Born alive or stillborn)

Signature Loyd M. Brown  
 \_\_\_\_\_  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Ariz. Box 298  
 Filed July 2, 1925 C. E. Dorn  
 Registrar Registrar

249-619-141

MARGIN RESERVED FOR BINDING. RECORD ONLY 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.