

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 217

1. PLACE OF BIRTH			
County <u>Gila</u>		State <u>Arizona</u>	
District or Township		or Village	
City <u>Miami</u>		No. <u>3500 Turkey Shoat</u> St. _____ Ward _____	
2. Full name of child <u>Santiago Dominguez</u> <small>(If birth occurred in a hospital or institution, give its NAME instead of street and number)</small>			
3. Sex of Child <u>Female</u> <small>To be answered ONLY in event of plural births.</small>		4. Twin, triplet or other _____ Legitimate? <u>yes</u>	
		5. No., in order of birth _____	
		7. Date of birth <u>May 23-1928</u> <small>Month Day Year</small>	
8. FATHER Full name <u>Enrique Dominguez</u>		14. MOTHER Full maiden name <u>Juana Pons</u>	
9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>		15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u>	
10. Color or race <u>Mex.</u>		16. Color or race <u>Mex.</u>	
11. Age at last birthday <u>21</u> (Years)		17. Age at last birthday <u>18</u> (Years)	
12. Birthplace (city or place) <u>Metcalf</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Metcalf</u> (State or country) <u>Arizona</u>	
13. Occupation <u>Repairman</u> Nature of industry <u>mining</u>		19. Occupation <u>Housewife</u> Nature of industry _____	
20. Number of children of this mother _____ <small>(Taken as of time of birth of child herein certified and including this child).</small>		21. Were precautions taken against ophthalmia neonatorum. <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 6 A. 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 evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from _____ Address Miami, Arizona
a supplemental report _____

Month, day, year _____
Filed May 30 28 1928
Registrar. _____ Registrar.

249-523-316