

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

State File No. 140
 Registered No. 323

PLACE OF BIRTH

Gila

State Arizona

City or Township

Miami

or Village

No. 817

Five Oak St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child

Ofelia Dominguez

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

Sex of Child

female

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

5. No., in order of birth

yes

July 10 1929

FATHER

Full name

Jesus Dominguez

1. Residence
 (Usual place of abode)

Scottsdale, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 37 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Machinist

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 3

(b) Born alive but now dead 1

(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

alive
 (Born alive or stillborn.)

at 10:55 P. m. on the date above stated.

Signature

M. Franklin

* 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.

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Registrar

Address

Miami, Arizona

Filed

July 20 1929

Registrar