

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

State File No. 175a
 Registered No. 106

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3502 Loomis Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Rosa Dominguez (If child is not yet named, give supplemental report, as directed)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth July 21 - 19
 5. No., in order of birth _____ Month _____

8. FATHER
 Full name Enrique Dominguez
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Quirina
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

10. Color or race Mexican
White 11. Age at last birthday 21 (Years)

16. Color or race Mexican
White 17. Age at last birthday _____

12. Birthplace (city or place) Mescal Arizona
 (State or country)

18. Birthplace (city or place) Mescal Arizona
 (State or country)

13. Occupation miner
 Nature of industry

19. Occupation House w
 Nature of industry

20. Number of children of this mother: (a) Born alive and now living 1
 Taken as of time of birth of child herein (b) Born alive but now dead 1
 certified and including this child. (c) Stillborn 0 21. Were precautions taken to prevent thalimia neonatorum. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 1/2 a.m.
(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 J. Jimenez

Address Box 1666 Mescal
 Month, day, year _____
 Filled Sept 11 30 19____
 Registrar _____