ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 188

Registered No. 270

1. PLACE OF BIRTH

County Gila State Arizona.

District or Township ..... or Village .....

City Miami No. 29 Oak St. Claypool. Ariz. St. ..... Ward

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

2. Full name of child Margaret Edna Welch { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | 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 June 30 - 1927 - (Month Day Year)

8. FATHER

Full name Arthur Tynton Welch

9. Residence (Usual place of abode) Miami, Arizona.

If non-resident, give place and state.

10. Color or race Cauc. | 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Mesa, Arizona.

(State or country)

13. Occupation Millman

Nature of industry Insp. Con. Copper Co.

14. MOTHER

Full maiden name Edna Effie Eaves

15 Residence (Usual place of abode) Miami, Arizona.

If non-resident, give place and state.

16 Color or race Cauc. | 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Athens, Alabama.

(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 2

(b) Born alive but now dead .....

(c) Stillborn .....

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 (Born alive ~~or stillborn~~) at 9 A. m. on the date above stated

* 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. Crow M.D.

Physician (Physician or ~~midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

468 - 630 - 552 Registrar

Filed July 7, 1927 C. E. [illegible] Registrar

Order of birth stated.