PLACE OF BIRTH

County of Gila

District of

Town of Winkelman

or

City of ..... (No. ..... St; ..... Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182

Co. Register No. 406

Local Registrar's No. .....

FULL NAME OF CHILD Nellie O Welker

Born Alive: YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F	/		/	Yes	Aug 26 1918

FATHER		MOTHER	
Full Name	Jim F. Welker	Full Maiden Name	Madrene Hinkes Welker
Residence	Winkelman	Residence	Winkelman
Color or Race	Wh	Color or Race	Wh
Age at last Birthday (Years)	25	Age at last Birthday (Years)	18
Birthplace	Ariz	Birthplace	Texas
Occupation	Sal. Smelter	Occupation	Housewife.

Number of child of this mother: 2 | Number of children, of this mother, now living: 2 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 17 1918, at 9 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles H Golvan

(Attending physician, ~~midwife, householder.~~*)

Address Hayden

Given or christian name added from a supplemental report .....191.....

Filed 8/27 1918 W D Nash

LOCAL REGISTRAR.

569-826-489

COUNTY REGISTRAR.

Filed Sep 9 1918 A True Copy B G Stax

COUNTY REGISTRAR.