

804

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of July
 District of 1
 Town of Miami
 or
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 282
 Co. Register No. 459
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Margaret Jean Welker Born **YES**
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive **YES**

Sex of Child <u>♀</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>Aug 16</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Charles Albert Welker</u>			Full Maiden Name <u>Lola Honda</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	
Birthplace <u>Minnesota</u>			Birthplace <u>Arizona</u>		
Occupation <u>Mine</u>			Occupation <u>Hondosa</u>		
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug 16 1919, at 10 AM.
 (Signature) Charles E. J. J. M.D.
 (Attending physician, midwife, householder.*)

*When there is no attending physician or midwife, then the householder should make this return.
 Given or Christian name added from a supplemental report _____ 191_____

Address W. B. Brantton
 LOCAL REGISTRAR.
 Filed Sept 2 1919
 A True Copy
 Filed OCT 6 1919
469-816-381
 COUNTY REGISTRAR.
W. B. J. J.
 COUNTY REGISTRAR.