819

1880

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122

Co. Register No. 462

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Welch

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Aug. 27 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	James L. Welch	Full Maiden Name	Grace Jone
Residence	Miami	Residence	Miami,
Color or Race	White	Color or Race	White
Age at last Birthday (Years)		Age at last Birthday (Years)	31
Birthplace	Texas	Birthplace	Kas.
Occupation	Automobile truck driver	Occupation	Housewife

Number of child of this mother 4 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Aug. 27 1919, at 9 30 a.M.

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

(Signature) Fa Fa Miller MD
(Attending physician, ~~midwife, householder.~~*)

Address Miami, Ariz.

Given or Christian name added from a supplemental report 191

Filed Sept 2 1919. N D Brayton
LOCAL REGISTRAR.

069-827-715
COUNTY REGISTRAR.

Filed Oct 6 1919. A True Copy B G Fox
COUNTY REGISTRAR.