ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 93

Co. Registrar's No. 601

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

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

FULL NAME OF CHILD Arthur T. Welch

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth: 2 | Legitimate? yes | Date of Birth: 12 (Month) - 7 (Day) - 1912 (Yr.)

FATHER		MOTHER	
Full Name	John H. Welch	Full Maiden Name	Helen G. Heusler
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	White American	Color or Race	White American
Age at last Birthday	26 Years	Age at last Birthday	23 Years
Birthplace	Tex	Birthplace	Miss
Occupation	Policeman	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 the above child; and that it occurred on 12-7-1912, at 4 A.M.

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

Signature T H Slaughter

Attending physician, midwife, householder.*

Address Miami Ariz

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

Filed 12/31/22 191..

B. W. Hardy by C. E. Irwin

LOCAL REGISTRAR.

168-1207-885

COUNTY REGISTRAR.

Filed 1-5- 1923

A True Copy

B. G. Fox

COUNTY REGISTRAR.

...the number of each, in order of birth, of the Supplemental Report must be sent by the Registrar or midwife with each local Registrar within 5 days after birth.