

1032

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175
County Registrar No. 700
Local Registrar No. _____

2. Full name of child Ralph Junior Welker
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth 4
6. Legitimate? yes
7. Date of birth Oct. 25-1923
Month day year

8. FATHER
Full name James Henry Welker

14. MOTHER
Full maiden name Maurene Hunter

9. Residence (Usual place of abode) Miami-Ariz.
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race White
11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) Layton Ariz.
(State or country)

18. Birthplace (city or place) Dallas-Texas
(State or country)

13. Occupation
Nature of industry Janitor

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 4
(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 (Born alive or stillborn.) at 11:56 a.m. on the date above stated.

Signature C. M. Cron M.D. (Physician or midwife)
Address Miami, Ariz.

Given name added from supplemental report _____
Month, day, year. Filed Oct 31- 1923
Local Registrar. [Signature]
County Registrar. [Signature]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

969-1025-489