

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Yuma

State Index No. 199  
County Registrar No. 712  
Local Registrar No. \_\_\_\_\_

2. Full name of child Helena Eliza Welkie  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth 10 31 1923 Month day year

8. FATHER  
Full name James E. Welkie

14. MOTHER  
Full maiden name Julia Beugh

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

15. Residence (Usual place of abode) Yuma  
If nonresident, give place and state Ariz

10. Color or race W

16. Color or race W

11. Age at last birthday 31 (Years)

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Newark N.J.  
(State or country)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country)

15. Occupation  
Nature of industry Government Service

19. Occupation  
Nature of industry R. W.

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 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

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 white (Born alive or stillborn.) at 12 m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Signature G. E. Wightman (Physician or midwife)

Address Globe Ariz  
Month, day, year. \_\_\_\_\_

Registrar. \_\_\_\_\_  
Filed 11-5, 1923  
Filed 11-7, 1923  
County Registrar. B. G. Gray

865-1031-526