

11114

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

County Registrar No. 402

Local Registrar No. \_\_\_\_\_

2. Full name of child David Welsh Jr. (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 15-24  
Month Day Year

8. FATHER  
Full name David Welsh

14. MOTHER  
Full maiden name Sarah Lynch

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

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

10. Color or race white

11. Age at last birthday 28 (Years)

16. Color or race white

17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Airdrie  
(State or country) Scotland

18. Birthplace (city or place) Paullinston  
(State or country) Scotland

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1  
(c) Stillborn 2

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 P. m. on the date above stated.  
(Born alive or stillborn)

\*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 evidence of life after birth.

Signature [Signature]  
(Physician or midwife)

Address Globe, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed 5-20, 1924 R. E. Gray  
Local Registrar.

Filed 6-5, 1924 R. E. Gray  
County Registrar.

Registrar.

468-515-238

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 of each, in order of birth stated.