

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 209
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of Winkelman
or _____
City of _____

No. _____ St. _____ Ward _____
(If birth occurred in hospital or institution, give its NAME instead of street and number)
2. Full name of child Dorothy Lemie Welker { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 June 29 1925
Month Day Year

8. FATHER
Full name Tracy E Welker
9. Residence (Usual place of abode) Winkelman Ariz
If non-resident, give place and state _____
10. Color or race White
11. Age at last birthday 24 (Years)

14. MOTHER
Full maiden name North Kagadah
15. Residence (Usual place of abode) Winkelman Ariz
If non-resident, give place and state _____
16. Color or race White
17. Age at last birthday 17 (Years)

12. Birthplace (city or place) Safford Ariz.
(State or country) _____
13. Occupation Mill Repairman
Nature of Industry _____

18. Birthplace (city or place) Sturley New Mexico
(State or country) _____
19. Occupation House Wife
Nature of Industry _____

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 1
(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 Alive at 2 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 Charles H. Hutton (Physician or midwife).
Address Hayden Arizona

Given name added from a supplemental report. Month, day, year _____
Filed July 21 1925 P. Hutton Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

449-629-498

MAMGI
FOR BANDING
LAENLY WITH UNFADL. INK—THIS IS A PERM. NT 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.