

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH.**

State File No. 142a  
 Local Registrar's No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Winkelman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child James Stanford Webster  
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. \_\_\_\_\_ 6. Legitimate? yes  
 7. Date of birth Mar. 7-1930  
 Month Day Year

**FATHER**  
 8. Full name Leland Stanford Webster

**MOTHER**  
 14. Full maiden name Evelyn Stewart

9. Residence Spring Valley  
 (Usual place of abode) Cochise Co.  
 If non-resident, give place and state.

15. Residence Spring Valley  
 (Usual place of abode) Cochise Co.  
 If non-resident, give place and state.

10. Color or race White  
 11. Age at last birthday 29 (Years)

16. Color or race White  
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Kirksville  
 (State or country) Missouri

18. Birthplace (city or place) Winkelman  
 (State or country) Arizona

13. Occupation Farmer  
 Nature of industry Farming

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 2  
(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? No

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive at 7 A. 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 evidences of life after birth.

Signature Leland S. Webster  
 \_\_\_\_\_  
 Father  
 (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Address Spring Valley, Arizona  
 Filed June 12, 1930 P. J. Muller  
 Registrar

118-307-623

order of birth stated.