

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 163
Registered No. 577

1. PLACE OF BIRTH

County Gila State Arizona
District or Township 1 or Village _____
City Miami No. Miami Inspection Hospital St. _____ Ward _____
(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.

2. Full name of child Jean Louise Webb

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth	Month	Day	Year
<u>female</u>			<u>yes</u>	<u>Oct 15 1930</u>			

8. FATHER
Full name Carroll Council Webb
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Augusta
(State or country) Kansas
13. Occupation Mechanical Engineer
Nature of Industry Copper mine

14. MOTHER
Full maiden name Maymie Eleanor Rohinette
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Topeka
(State or country) Kansas
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother <u>1</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>1</u>	21. Were precautions taken against ophthalmia neonatorum?
	(b) Born alive but now dead <u>0</u>	<u>yes</u>
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:45 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 J. J. Miller
(Physician or Midwife)

Given name added from _____ Address Miami, Arizona
a supplemental report. Month, day, year Oct 20 30
Registrar. Filed _____ 19 _____ Registrar.

162-1015-495

BIRTH STATIST.