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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 22

1. PLACE OF BIRTH

County Gila State Ariz.

District or Township ..... or Village .....

City Globe No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Webb, Jr. (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 Feb. 1, 1931 (Month Day Year)

FATHER	MOTHER
8. Full name Kenneth Webb	14. Full maiden name Maggie Shafer
9. Residence (Usual place of abode) Globe If non-resident, give place and state. Ariz.	15. Residence (Usual place of abode) Globe If non-resident, give place and state. Ariz.
10. Color or race White 11. Age at last birthday 21 (Years)	16. Color or race White 17. Age at last birthday 20 (Years)
12. Birthplace (city or place) Barksdale (State or country) Texas	18. Birthplace (city or place) Reagan Wells (State or country) Texas
13. Occupation Nature of Industry Miner	19. Occupation Nature of Industry Hsewfe

20. Number of children of this mother 1 (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 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 born alive (Born alive or stillborn.) at 3:30 P.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 evidence of life after birth.

Signature T. C. Harper

physician (Physician or midwife).

Address Globe, Ariz.

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

Filed 3/7, 1931. [signature] Registrar

..... Registrar

262-201-429