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

State File No. 113
Registered No. 168

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No. Gila County Hosp. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Winifred Lee Webb (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: Sept. 5, 1931 (Month, Day, Year)

FATHER

8. Full name: Walter E. Webb

9. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz.

10. Color or race: White

11. Age at last birthday: 38 (Years)

12. Birthplace (city or place):
(State or country): Nebraska

13. Occupation
Nature of industry: Teacher.

MOTHER

14. Full maiden name: Elizabeth Ruth Kennedy

15. Residence (Usual place of abode): Globe
If non-resident, give place and state: Ariz.

16. Color or race: White

17. Age at last birthday: 28 (Years)

18. Birthplace (city or place): El Paso
(State or country): Texas

19. Occupation
Nature of industry: Housewife

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 alive (Born alive or stillborn.) at 4:00 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: C. W. Ashburn
Physician (Physician or ~~Midwife~~).

Given name added from a supplemental report: 602-705-528 (Month, day, year)

Address: Box 636 Globe, Ariz.

Registrar

Filed: 10/5, 1931 H. E. Wyllbinks
Registrar

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.