ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 82

Registered No. 188

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: or Village: 929 Keegan St.

City: Miami No. Miami Insp. Hospital St. Ward

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

2. Full name of child: Robert Thomas Webb (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth:

6. Premature: Full term:

7. Legitimate? yes

8. Date of birth: Sept. 2, 1932 (Month, day, year)

FATHER

9. Full name: Carroll Counsil Webb

10. Residence (usual place of abode) (If nonresident, give place and State): Miami Ariz.

11. Color or race: Caus. 12. Age at last birthday: 29 (Years)

13. Birthplace (city or place): Augusta (State or country): Kansas.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanical Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Miami Copper Co.

16. Date (month and year) last engaged in this work: , 19

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Mamie Eleanor Robinette

19. Residence (usual place of abode) (If nonresident, give place and State): Miami Ariz.

20. Color or race: Caus. 21. Age at last birthday: 28 (Years)

22. Birthplace (city or place): Topeka (State or country): Kansas.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: , 19

26. Total time (years) spent in this work:

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 2 (b) Born alive but now dead: 0 (c) Stillborn: 0

28. If stillborn, period of gestation: months or weeks

29. Cause of stillbirth: Before labor: During labor:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12:15 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.)

(Signed) Cyril M. Crow M. D., M. D.

or Midwife

Address Miami, Arizona

Given name added from a supplemental report (Date of)

962-902-475

Filed Oct. 6, 1932 C. E. Drum Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

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 given in order of birth stated.