ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 787

Registered No.

1. PLACE OF BIRTH

County: Yavapai State: ARIZONA

Township: or Village:

City: Clemenceau No. St. Ward

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

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

3. Sex: M

If plural births: 4. Twin, triplet, or other: 0 5. Number, in order of birth: 0

6. Premature: 0 Full term: Yes

7. Married? Yes

8. Date of birth: July 15, 1935 (Month, day, year)

FATHER

9. Full name: Paris Elzion Webb

10. Residence (usual place of abode) (If non-resident, give place and State): Clemenceau

11. Color or race: W

12. Age at last birthday: 46 (Years)

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

OCCUPATION

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

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

16. Date (month and year) last engaged in this work: 7-15, 1935

17. Total time (years) spent in this work: 1½ yrs

MOTHER

18. Full maiden name: Nora Dusha

19. Residence (usual place of abode) (If non-resident, give place and State): Clemenceau

20. Color or race: W

21. Age at last birthday: 36 (Years)

22. Birthplace (city or place): Carnegie Pa (State or country)

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.: Home

25. Date (month and year) last engaged in this work: 7-15, 1935

26. Total time (years) spent in this work: 1½

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 6 (b) Born alive but now dead: 0 (c) Stillborn: 1

28. If stillborn, period of gestation: 7 months or weeks

29. Cause of stillbirth: hypertension

Before labor: Yes During labor: No

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 6:30 A.M. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplemental report 960-715-4411 (Date of)

(Signed) W. Hein M.D., M. D. or Clemenceau, Ariz., Midwife

Address

Filed Aug 1, 1935 Chas D. Willard, Registrar.

Registrar.

10M—9-1-34 FORM No. 2

IMPORTANT: ARIZONA must be made for each, and the number of each in order of birth stated.