

725

CERTIFICATE AMENDED
SEE NOTATION

*Item 2 - full name entered by affidavit of registrant
and birth record of child (6-2-70 birth)*

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

State File No. _____
Registered No. _____

1. PLACE OF BIRTH

County Graham State ARIZONA

Township _____ or Village _____

City Metcalf No. _____ St. _____ Ward _____

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

2. Full name of child Webster Ruth Caroline Webster { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____ 7. Married? _____ 8. Date of birth July 9th, 1907 (Month, day, year)

9. Full name FATHER Webster, Frank Alva 18. Full maiden name MOTHER Webster, Della A

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

11. Color or race Cauc 12. Age at last birthday _____ (Years) 20. Color or race Cauc 21. Age at last birthday _____ (Years)

13. Birthplace (city or place) _____ (State or country) Utah 22. Birthplace (city or place) _____ (State or country) Arizona

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____

27. Number of children of this mother 3rd (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

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 _____ 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. *9/6/07*

(Signed) _____ Harry D Wiley, M. D.
or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____

Address _____
Filed _____, 19 Harry D Wiley Registrar.

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.

10M-9-1-34 FORM No. 2
ABSTRACT OF OLD COUNTY RECORDS FILED WITH BUREAU OF VITAL RECORDS IN 1935