

2236

SS. *Assistant for Correction of a Record*

PLACE OF BIRTH

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

County of Gila District of _____
Town of Roosevelt or City of _____ (No. _____) St.; _____ Ward _____
Ter. Index No. 89
Register No. 206

FULL NAME OF CHILD Marian Grace Webb Born Alive
If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child Female (M., Infant or other) Number in order of birth 1 Legitimate? Yes Date of Birth Oct 3 1911
(Month) (Day) (Year)

FATHER		MOTHER	
Full Name	<u>Anderson Cone Webb.</u>	Full Maiden Name	<u>Elma Ethelene Pulajec</u>
Residence	<u>Roosevelt</u>	Residence	<u>Roosevelt</u>
Color or Race	<u>Caucasian</u>	Color or Race	<u>Caucasian</u>
Age at last Birthday	<u>36.</u> (Years)	Age at last Birthday	<u>24</u> (Years)
Birthplace	<u>Kansas</u>	Birthplace	<u>Colorado</u>
Occupation	<u>Merchant.</u>	Occupation	<u>Housewife</u>

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 3rd Oct. 1911, at 6 AM.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) E. Holm
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed 11/19 1911 Address Roosevelt

462-1003-579 COUNTY REGISTRAR. Filed Oct 21 1911 LOCAL REGISTRAR. Bob Jones COUNTY REGISTRAR.

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 of each, and the number of the Local Registrar's birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar 5 days after birth.