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ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Ind. 247

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 57

Local Registrar's No. ____

PLACE OF BIRTH

County of Navajo

District of ____

Town of Snowflake

or

City of ____

(No. ____ St; ____ Ward)

FULL NAME OF CHILD Leo Ashman Webb { Born Alive } YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number; in order of birth	Legitimate?	Date of Birth
Male	Single		1	Yes	March 2 1912 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	E. Milo Webb	Full Maiden Name	Phoebe Freeman
Residence	Snowflake	Residence	Snowflake
Color or Race	White	Color or Race	White
Age at last Birthday	38 (Years)	Age at last Birthday	36 (Years)
Birthplace	Utah	Birthplace	Utah
Occupation	Farmer	Occupation	House Wife

Number of child of this mother 9 | Number of children, of this mother, now living 9 | 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, March 2 1912, at 3 PM

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

(Signature) M. A. Ramsay (Attending physician, midwife, householder.*)

Address Snowflake

Given or christian name added from a supplemental report ____ 191__

Filed March 30 1912 N. Miller LOCAL REGISTRAR.

362-302-765 COUNTY REGISTRAR

Filed Apr 8 1912 J. W. Bazell COUNTY REGISTRAR.

This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.