4250

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 109 ✓ ~~482~~

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 233

County of Gila

District of Globe

Town of Black Warrior

or

City of

Near Miami Arizona

Local Registrar's No.

(No. Black Warrior Camp St; Ward)

FULL NAME OF CHILD Barbara Webster

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

Born / Alive — YES / ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth August 6 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Bernard Cossart Webster	Full Maiden Name	Sigrid Southerland
Residence	Bl. Warrior camp	Residence	Black Warrior camp
Color or Race	White	Color or Race	White
Age at last Birthday	22 (Years)	Age at last Birthday	27 (Years)
Birthplace	Waldron Ill	Birthplace	Norway Town of Trondhjem
Occupation	Mechanical Engineer	Occupation	Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug. 6 1914, at 3 10 P.M.

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

(Signature) Cyril M. Cron MD

(Attending physician, ~~midwife, householder.~~*)

Address Miami Insp. Hosp. Miami

Given or christian name added from a supplemental report .....191.....

Filed Aug 10 1914

B. G. Fox

LOCAL REGISTRAR.

A True Copy

B. G. Fox MD

COUNTY REGISTRAR.

269 - 806 - 224

Filed Sept 1 1914

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