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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, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of Pinedale
Town of _____
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 477
County Registrar No. 301
Local Registrar No. 6

2. Full name of child James Wilford Webb (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Oct. 5 1924
Month Day Year

8. FATHER
Full name J. Henry Webb

14. MOTHER
Full maiden name Della Ray

9. Residence (Usual place of abode) Pinedale, Ariz
If nonresident, give place and state

15. Residence (Usual place of abode) Pinedale, Ariz
If nonresident, give place and state

10. Color or race White 11. Age at last birthday 38 (Years)

16. Color or race White 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Woodruff
(State or country) Arizona

18. Birthplace (city or place) Colonia Pacheco
(State or country) Mexico

13. Occupation Sawyer
Nature of industry Lumber Milling

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 8 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P.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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lothe M. Webb
(Physician or midwife)
Address Pinedale Arizona

Given name added from a supplemental report _____
Month, day, year. _____
Registrar.

Filed Oct 10, 1924 Lothe M. Webb Local Registrar.
Filed 11-20, 1924 J.M. Boyd County Registrar.

162-1005-498