

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

State File No. 124  
Registered No. 72

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Claypool or Village \_\_\_\_\_  
City Miami No. Broad St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Clifford Webb } 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. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb 7 1929  
Month Day Year

8. FATHER  
Full name Seymour B. Webb

14. MOTHER  
Full maiden name Margaret Elizabeth Weatherly

9. Residence (Usual place of abode) (Claypool) Miami Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) (Claypool) Miami, Arizona  
If non-resident, give place and state.

10. Color or race White

11. Age at last birthday 22 (Years)

16. Color or race White

17. Age at last birthday 20 (Years)

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

18. Birthplace (city or place) Oklahoma  
(State or country)

13. Occupation Laborer (matorman)  
Nature of industry Copper mine

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 1 } (a) Born alive and now living 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (c) Stillborn 0

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 3:07 P m. on the date above stated.  
(Born alive or stillborn)

Signature J. J. Miller  
M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month 4 day 28 year \_\_\_\_\_ Filed Feb 20 19 29  
Registrar C. E. Jones Registrar

\* Has no middle name; just an initial B

N. B. See of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of ea. order of birth stated.