

I hereby certify that this is a photographic copy of the record which appears in the records of the City of Waco if the City of Waco Health Department seal is impressed. This copy is issued in accordance with Rule 54A, Article 4477, Vernon's Civil Statutes.

JUL 09 1984

Date

Registrar, City of Waco

(1) PLACE OF BIRTH

CITY OF WACO
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

McLennan County Registration District No. _____ File No. _____
 Waco, Texas (No. 2010 30. 4 St., _____ Ward) Register No. 410

(2) FULL NAME OF CHILD Gynetta Webb { If child is not yet named, make supplemental report, as directed

(3) Sex of Child M	(4) Twin, triplet, or other	(5) Number in order of birth	(6) Legitimate Yes	(7) Date of Birth July 2, 1953
(To be ans'w'd. in event of plural births) (Yes or no) Month day Year				
(8) FULL NAME E. J. Webb	FATHER		(14) FULL MADDEN NAME Virgie Carter	MOTHER
(9) RESIDENCE 2010 30. 4			(15) RESIDENCE 2010 30. 4	
(10) COLOR W	(11) AGE AT LAST BIRTHDAY 44	(16) COLOR W	(17) AGE AT LAST BIRTHDAY 43	(Years)
(12) BIRTHPLACE Texas	(18) BIRTHPLACE Texas			
(13) OCCUPATION Laborer	(19) OCCUPATION Housewife			
(20) No. of children born this mother, including present birth 8	(21) Number of children of this mother now living 7			

(22) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was born alive at 5:30 A. M. on the date above stated.

Given name added from a supplemental report _____ 192 _____
 (Signature) J. T. Harrington (Physician or Midwife)
 Address Waco, Tex.

Filed July 7, 1953 F. Morrow Registrar.

23. Did you use a one per cent silver nitrate solution in the infant's eyes immediately after its birth? Yes _____ No _____
 5m 10-26