

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

State File No. 290
 Registered No. 959

1. PLACE OF BIRTH

County Maricopa State Arizona
 District or Township _____ or Village _____
 City Phoenix No. St Joseph Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mabel Wanda Knudsen (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 8 5 27
Month Day Year

8. FATHER
 Full name William Warren Knudsen
~~Wasson Knudsen~~

14. MOTHER
 Full maiden name Mabel Miona Lamb

9. Residence Route 4 Phoenix
(Usual place of abode)
 If non-resident, give place and state.

15. Residence Route 4 - Phoenix
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 21 (Years)

16. Color or race white
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Albuquerque New Mex
(State or country) new Mexico

18. Birthplace (city or state) Blue Water
(State or country) new Mexico

13. Occupation Barryman
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother one } (a) Born alive and now living one
(Taken as of time of birth of child herein certified and including this child). } (b) Born alive but now dead none
 (c) Stillborn none 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 born alive at 12:50 P a.m. on the date above stated.
(Born alive or stillborn)

Signature J. E. Drane
(Physician or midwife)

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

Registrar. 425-805-432 Filed 8-23 1927 Registrar. [Signature]