

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.

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

State File No. 585
Registered No. 226

1. PLACE OF BIRTH

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

2. Full name of child High Morgan Knight (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 Nov 26 1927
Month Day Year

8. FATHER
Full name Frank St. Clair Knight
9. Residence (Usual place of abode) Prescott King, Ariz
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 35 (Years)
12. Birthplace (city or place) Penn
(State or country)
13. Occupation Stock-raiser
Nature of Industry _____

14. MOTHER
Full maiden name Bessie Morgan
15. Residence (Usual place of abode) Prescott King, Ariz
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 35 (Years)
18. Birthplace (city or place) Okla
(State or country)
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 2nd
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living Two
(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 Nov 26 1927 at 6 P m. on the date above stated
(Born alive or _____)

*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 H. T. Southworth
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
863-1126-445 Registrar
Address _____
Filed Harry F. Southworth Registrar