

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **183**
Registered No. **640**

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 100 - Miami, Ariz
City Miami No. Miami Hosp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child Gordon Grayson Knapp } 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 Nov. 26 - 1930
Month Day Year

8. FATHER
Full name Grayson Z. Knapp
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 47 (Years)
12. Birthplace (city or place) Victory N. Y.
(State or country)
13. Occupation Clerical
Nature of Industry Miami Copper Co.

14. MOTHER
Full maiden name Ina B. Chlund
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 37 (Years)
18. Birthplace (city or place) Carlton, Oregon
(State or country)
19. Occupation _____
Nature of Industry Housewife

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 _____
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 3:20 a.m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
(Physician or midwife.)

Address Miami, Arizona
Month, day, year _____
Filed Dec 8, 1930
Registrar. _____ Registrar.

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