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

State File No. 143
Registered No. 116

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No. St. War

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Hibbard Williamson 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: June 2 1931 (Month Day Year)

8. FATHER

Full name: Leroy Coggin Knapp

9. Residence (Usual place of abode): Bonita

If non-resident, give place and state: Ariz

10. Color or race: White

11. Age at last birthday: 34 (Years)

12. Birthplace (city or place): Brownwood

(State or country): Texas

13. Occupation

Nature of industry: Rancher

14. MOTHER

Full maiden name: Elizabeth Williamson

15. Residence (Usual place of abode): Bonita

If non-resident, give place and state: Ariz

16. Color or race: White

17. Age at last birthday: 27 (Years)

18. Birthplace (city or place): Peonia

(State or country): Colo

19. Occupation

Nature of industry: Housewife

20. Number of children of this mother: 1

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 1
(b) Born alive but now dead: 0
(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 (Born alive or stillborn.) at 5:55 A.m. on the date above stated.

* 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: C W Adams

Physician

(Physician or Midwife)

Address: Box 636 Globe Ariz.

Given name added from a supplemental report

Month, day, year

825-602-565

Registrar

Filed 7/9 1937 E. E. Wightman

Registrar