

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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. 1087
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P. O. Box 103
City Miami No. Miami Hosp. Hospital Ward _____
At birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Rollin Wallace 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 _____ 6. Legitimate? yes 7. Date of birth Mar 5 - 1932
Month Day Year

8. FATHER
Full name Grayson J. Knapp
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 49 (Years)

12. Birthplace (city or place) Victory N. Y.
(State or country)

13. Occupation
Nature of Industry Clerical

14. MOTHER
Full maiden name Ina B. Elmlund
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 39 (Years)

18. Birthplace (city or place) Carlton Oregon
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against Yes thalassemia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4⁰⁵ P. M. on the date above stated.
(Born alive or stillborn)

* 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 Byril M. Cron M.D.
(Physician or midwife)

Given name added from a supplemental report. Month, day, year April 2, 1932
Address Miami, Arizona
File No. 9211-305-954 Registrar D. E. Cron