4276

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 117 State Index No. 500

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 303

Local Registrar's No.

(No. St; Ward)

PLACE OF BIRTH

County of Gila

District of

Town of Miami,

or

City of

FULL NAME OF CHILD James Norman Knox

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Male	One			Yes	November 12th 1915

FATHER	MOTHER
Full Name: George, T. Knox.	Full Maiden Name: Elizabeth McAlister
Residence: Miami,	Residence: Miami,
Color or Race: Caucasion Age at last Birthday: 52 (Years)	Color or Race: Caucasion Age at last Birthday: 38 (Years)
Birthplace: Pennsylvania	Birthplace: Jefferson Co. Mo.
Occupation: Employ (Mill!)	Occupation: Housewife

Number of child of this mother: 8 | Number of children, of this mother, now living: 8 | Were precautions taken against Ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Nov 12th 1915, at 7 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Dr. Anna Reznikov

(Attending physician, ~~midwife, householder.~~*)

Address Miami, Arizona.

Given or christian name added from a supplemental report ..... 191.....

Filed Nov 20 1915 John H Lee

LOCAL REGISTRAR.

A True Copy

Filed Dec 10 1915 B.G. Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.

In local Registrar within 5 days after birth.