the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of Globe

Town of
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132

Co. Registrar's No. 210

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Francis Knuckey

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				yes	4	4	1920

FATHER		MOTHER	
Full Name	Frank Knuckey	Full Maiden Name	Anna Eddie
Residence	Globe	Residence	Globe
Color or Race	White	Color or Race	White
Age at last Birthday	31 Years	Age at last Birthday	22 Years
Birthplace	Montana	Birthplace	Colorado
Occupation	Mechanic	Occupation	H. W.

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 4/4 1920 at 9 A. M.

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

Signature G. E. Wightman
Attending physician, ~~midwife, householder.~~*

Address Globe, Ariz.

Given or Christian name added from a supplemental report 191

Filed Apr 10 1920 B. G. Fox
LOCAL REGISTRAR.

A True Copy

628-404-159
COUNTY REGISTRAR.

Filed May 6 1920 B. G. Fox
COUNTY REGISTRAR.