

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

State File No. 162
 Registered No. 1976

PLACE OF BIRTH

County Gila State Ariz.

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____

Full name of child Hurdie Tom Knight (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

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 Oct. 24, 1929
 Month Day Year

FATHER
 Full name Clyde Knight
 Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state. _____
 9. Color or race white
 11. Age at last birthday 23 (Years)
 2. Birthplace (city or place) Jones Co. Texas
 (State or country)
 3. Occupation Laborer
 Nature of industry _____

MOTHER
 Full maiden name Bessie Irene Silla
 15. Residence (Usual place of abode) Globe Ariz.
 If non-resident, give place and state. _____
 16. Color or race white
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Cromell Texas
 (State or country)
 19. Occupation Housewife
 Nature of industry _____

0. 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 born alive at 7:20 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 T. C. Harper
 (Physician or midwife).
 Address Globe, Arizona
 Given name added from supplemental report _____
 Month, day, year _____
 Filed Nov 9, 1929 H. E. Wightman
 Registrar Registrar

823-1024-229