

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

State File No. 150
 Registered No. 19

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Henry Glenn McGovern { 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 Feb 16 1927
 Month Day Year

8. FATHER
 Full name Albert McGovern
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Martha Pehl
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 35 (Years)

16. Color or race White
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Crackittville
 (State or country) Texas

18. Birthplace (city or place) Johnson City
 (State or country) Texas

13. Occupation Mill (coner) operator
 Nature of industry

19. Occupation House wife
 Nature of industry

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 ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6504 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 Charles H. Heston MD
Hayden Arizona
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
 Month, day, year _____

Filed Feb 19 1927 W. D. D. D. D.
 Registrar Registrar

845-216-473

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.