

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of Hayden

Town of Hayden

or

City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152

County Registrar No. _____

Local Registrar No. 29

2. Full name of child Edua Ernestina M^cGourn (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 Mar 16 1927
Month Day Year

8. FATHER Full name Henry M^cGourn

9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 32 (Years)

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

13. Occupation Smelter
Nature of industry fireman

14. MOTHER Full maiden name Mary Tuhl

15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Dustin Texas
(State or country)

19. Occupation House wife
Nature of industry

20. Number of children of this mother 3 (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 _____ at 8:15 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 Charles H. Huestis M.D. (Physician or midwife)
Address Hayden Arizona

Given name added from a supplemental report _____ Filled Mar 19 1927 J. W. D. D. D. Local Registrar.
Month, day, year

Registrar _____ Filled _____ 19 _____ County Registrar.

515-316-473

SEPARATE RECORD must be made for each child and the number of children must be stated in order of birth stated.