SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125
County Registrar No.
Local Registrar No. 40

PLACE OF BIRTH
1. County of Gila
District of
Town of Hayden
or
City of ..... No. ..... St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elizabeth Celes McGovern (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 May 1 1927 (Month Day Year)

8. FATHER
Full name Nathan McGovern
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 43 (Years)
12. Birthplace (city or place) Bracketville
(State or country) Tex
13. Occupation Grocery Clerk
Nature of industry

14. MOTHER
Full maiden name Sarah Ory
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 40 (Years)
18. Birthplace (city or place) Bracketville
(State or country) Texas
19. Occupation House Wife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn 2

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 or stillborn) at 4:20 a.m. on the date above stated

* 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 B Hunter M.D. (Physician or midwife).
Address Hayden

Given name added from a supplemental report ..... Month, day, year
Filed May 4th, 1927 W B Nash Local Registrar.
Registrar
Filed ....., 19.. County Registrar.

545-501-268

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.