

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of each in order of birth stated.

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

State File No. 135

Registered No. 5

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Globe

No. Globe

St. Washington

Ward

(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.)

2. Full name of child John Schuyler Havens

3. Sex of Child M

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. Legitimate? yes

7. Date of birth

Jan 6 - 31  
Month Day Year

5. No., in order of birth

8. FATHER

Full name O.C. Havens

9. Residence (Usual place of abode) Globe

If non-resident, give place and state.

10. Color or race W

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Carl

(State or country)

13. Occupation Curator Gila

Nature of Industry Pueblo

14. MOTHER

Full maiden name Beatrice Pentony

15. Residence (Usual place of abode) Globe

If non-resident, give place and state.

16. Color or race W

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Iowa

(State or country)

19. Occupation Housewife

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 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 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 P. P. Kennedy

(Physician or Midwife)

Given name added from a supplemental report

Month, day, year

182-106-278

Registrar

Address Globe

Filed 2/9

1921

H. E. Wightman  
Registrar