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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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH. 74

PLACE OF BIRTH
County of Globe
District of _____
Town of _____
or
City of Globe (No. _____) Register No. 34 St.; _____ Ward)

FULL NAME OF CHILD Marguerite Alice McGovern Born Yes No

If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child	Female	Twin, Triplet or other	<input checked="" type="checkbox"/>	and	Number in order of birth	<input checked="" type="checkbox"/>	Legitimate?	Yes	Date of Birth	Feb. 18	1910
									(Month)	(Day)	(Year)

FATHER Full Name <u>Joseph Henry McGovern</u> Residence <u>537 N. Hill St.</u> Color or Race <u>White</u> Age at last Birthday <u>28</u> (Years) Birthplace <u>Cavan Co. Ireland</u> Occupation <u>Miner</u>	MOTHER Full Maiden Name <u>Marguerite Magee</u> Residence <u>Same</u> Color or Race <u>White</u> Age at last Birthday <u>27</u> (Years) Birthplace <u>Lough Co. Ireland</u> Occupation <u>Housewife</u>
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Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 18, 1910, at 9 P M

*When there is no attending physician or midwife, then the householder must make this return.

(Signature) C. J. Sturgeon (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed Feb 22 1910 Address Globe

A TRUE COPY

445-218-445 Filed Mar 1 1910 B. G. Fox M.D. LOCAL REGISTRAR

COUNTY REGISTRAR