960

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.

PLACE OF BIRTH

County of Gila

District of Globe

Town of ..... or City of Globe

ARIZONA ~~TERRITORIAL~~ State BOARD OF HEALTH

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ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 23

Local Registrar's No. 22

(No. ..... St; ..... Ward)

FULL NAME OF CHILD May Francis McGovern

{Born} YES {Alive} ~~NO~~

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

Sex of Child	Twin, Triplet or other plural	and	Number; in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Feb. (Month) 16 (Day) 1912 (Yr.)

FATHER		MOTHER	
Full Name	Francis Thomas McGovern	Full Maiden Name	Mary McGovern
Residence	Pinal St.	Residence	Same
Color or Race	White	Color or Race	White
Age at last Birthday (Years)	26	Age at last Birthday (Years)	26
Birthplace	Ireland	Birthplace	San Francisco Calif
Occupation	Miner	Occupation	Housewife

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. 16 *191*2*, at* 11 *M*

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

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

Given or christian name added from a supplemental report ..... *191*.....

Address Globe

Filed Feb 19 *1912*

B. G. Fox
LOCAL REGISTRAR.

445-216-445
COUNTY REGISTRAR.

Filed Mar 5 *1912*

B. G. Fox MD
COUNTY REGISTRAR.