

ARIZONA STATE BOARD OF HEALTH

DEPARTMENT OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

1. NAME OF BIRTH

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *257

Place of Birth Hayden County Yuma No. _____ St. _____
 (Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			
DATE OF BIRTH* <u>May 31 1925</u> (Month) (Day) (Year)			
FULL NAME FATHER <u>Nathan Mc Govern</u>		MOTHER <u>Sarah Jane Arv</u>	
FULL MAIDEN NAME			

I HEREBY CERTIFY that the child described herein has been named

LLOYD Mc GOVERN
 (Give name in full) (Surname)

Sarah Jane Mc Govern
 (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
 10M-8-42-Bower Co.

345-531-268

RECEIVED
 12 1925

MARGIN RESERVED FOR BINDING
 USE PERMANENT INK

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