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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Vol. 1 # 109

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami County Gila No. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Male			

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* January 1st 1923
(Month) (Day) (Year)

George Dewey Hughey
(Give name in full) (Surname)

FULL* FATHER
NAME

George Dewey Hughey

Mrs. George Dewey Hughey
(Parent's signature)

FULL* MOTHER
MAIDEN NAME

Theodate Etta McKee

J. J. Miller, M.D.
(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.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

Changing child's name. 788-101-348 6-4-23