V

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Vol. 1 # 180

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

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

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

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

DATE OF BIRTH* January (Month) 11th (Day) 1925 (Year)

FULL* NAME — FATHER: Leonard G. Hubbs

FULL* MAIDEN NAME — MOTHER: Augusta May Way

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

I HEREBY CERTIFY that the child described herein has been named

Margaret Elizabeth Hubbs
(Give Name in full) (Surname)

Leonard G. Hubbs.
(Parent's signature)

Marion D Brayton M.D.
(Signature of Physician or Midwife)

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.

Correcting child's name 482-111-168 5-20-25

RECEIVED FEB 10 1925 File Ans.