PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

County of Graham

District of

Town of Central

or

City of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 220

Co. Registrar No.

Local Registrar's No. 232

(No. St. Ward)

FULL NAME OF CHILD Hubbard

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

Born YES / Alive ~~N~~ O

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Boy	1		4	yr	12-29-29

FATHER		MOTHER	
Full Name	Emory Benj Hubbard	Full Maiden Name	Audry Taylor
Residence	Central	Residence	Central
Color or Race	Wht	Color or Race	White
Age at last Birthday (Years)	31	Age at last Birthday (Years)	23
Birthplace	Ariz	Birthplace	Ariz
Occupation	Farm	Occupation	Housewife

Number of Child of this mother	Number of children of this mother now living	Were precautions taken against Ophthalmia neonatorum?
4	4	yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on 12/29 1929, at 11 A.M.

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

(Signature) W. E. Platt
(Attending physician, midwife, householder.*)

Address Safford Ez

Given or Christian name added from a supplemental report 192

Filed Jan 8 1930 J. N. Stratton H.B.J. LOCAL REGISTRAR.

A True Copy

Filed 192

COUNTY REGISTRAR

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1914-1224-139