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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147

Co. Registrar's No. 490

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Karl Thornton Dunaway | Born Alive | YES ~~NO~~

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

Sex of Child	~~Twin, Triplet~~ or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
Male			2	yes	Oct.	14	1922

FATHER		MOTHER	
Full Name	Andrew Judson Dunaway	Full Maiden Name	Flora Malinda Reece
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	White	Color or Race	White
Age at last Birthday	38 Years	Age at last Birthday	22 Years
Birthplace	Tamison, Alabama	Birthplace	Purden, Texas
Occupation	Merchant	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Oct. 14, 1922 at 2 A.M.

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

Signature C. M. Cron M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed Oct 23 1922 B. M. Hardy LOCAL REGISTRAR.

248-1014-695 COUNTY REGISTRAR.

Filed 11/6 1922 A True Copy B. G. Fox COUNTY REGISTRAR.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be filed by the attending the number of each, in order of birth, stated. This certificate must be filed by the attending or midwife with each local Registrar within 5 days after birth.