

21124

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Vol. 6 #186

(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. \_\_\_\_\_ St. \_\_\_\_\_  
(Registration District)

SEX OF CHILD* <b>Male</b>	Twin Triplet or other?	and	Number* in order of birth
DATE OF BIRTH* <u>June</u> <u>27th</u> <u>1924</u>	(Month)	(Day)	(Year)
FULL* NAME	FATHER <u>Andrew Judson Dunaway</u>		
FULL* MAIDEN NAME	MOTHER <u>Flora Ruce</u>		

I HEREBY CERTIFY that the child described herein has been named

Otis Raymond Dunaway  
(Give name in full) (Surname)

Flora Ruce Dunaway  
(Parent's signature)

Cyril M. Cronin MD  
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.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

9-20-24 648-627-695

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7/11/24