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ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Pima County Graham No. _____ St. _____

SEX OF CHILD* <u>Female</u>	Twin Triplet or other?	and	Number in order of birth								
DATE OF BIRTH: <u>Feb.</u> <u>28</u> <u>1924</u>											
<table border="0"> <tr> <td>FULL NAME</td> <td>FATHER</td> </tr> <tr> <td><u>Vernon Howard Cluff</u></td> <td></td> </tr> <tr> <td>FULL NAME</td> <td>MOTHER</td> </tr> <tr> <td><u>Pearl Allen</u></td> <td></td> </tr> </table>				FULL NAME	FATHER	<u>Vernon Howard Cluff</u>		FULL NAME	MOTHER	<u>Pearl Allen</u>	
FULL NAME	FATHER										
<u>Vernon Howard Cluff</u>											
FULL NAME	MOTHER										
<u>Pearl Allen</u>											

I HEREBY CERTIFY that the child described herein has been named

Leora Cluff

(Give name in full)

(Surname)

Pearl Cluff

(Parent's Signature)

(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.
11-41 A.P.

336-228-715