ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

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

County Registrar's No.* 222

Place of Birth Miami, Arizona County Gila No. — Sullivan St.
(Registration District)

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

DATE OF BIRTH* May (Month) 23 (Day) 1925 (Year)

FULL NAME FATHER: Jesus J. Luera

FULL MAIDEN NAME MOTHER: Clara Vinyard

I HEREBY CERTIFY that the child described herein has been named

Pauline Gloria Luera
(Give name in full) (Surname)

x Cecilia Vinyard
(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.

0M 10-1-43—S.P.Co.

731-523-354

RESERVED FOR BINDING

USE PERMANENT INK