| NAME | Cleaver, Vera S. G., D.S.C. Member State Board of Chiropody Examiners and | | | | | | |
|--------------|--|-------|-----|--|------|---------|------|
| | | | | | | | |
| | Regi | strat | lon | | | | |
| NATURE | oath of | offi | ce | | | | |
| | | | | | | | |
| | | | | | воок | P. | AGE |
| FILED | 8/26/40 |) | | | | FILE NO | 3798 |
| FILED | 8/26/40 |) | | | | FILE NO | 3 |
| | | | | | | | |