

PLACE OF BIRTH  
*Wichita*

Registration  
Dist. No. *250*  
Primary  
Dist. No. *250*

STANDARD CERTIFICATE OF BIRTH  
Oklahoma State Board of Health  
BUREAU OF VITAL STATISTICS  
OKLAHOMA CITY, OKLA.

*11-10-26* No. *19325* Street *497* Ward *55*  
Registered No. *55*

Name of child *Unnamed Cornelison*  
If dies without a name before the certificate is filled enter the words: "Died unnamed." If the living child has not yet been named at the date of filing certificate of birth the space for "Full name of child" is to be filled out separately by a supplemental report.)

Twins, Triplets or others. *None* 5. Number in order of birth. *1* 6. Legitimate? *Yes* 7. Date of Birth *Aug 17 '26*  
(To be answered only in event of plural births.) (month) (day) (year)

FATHER *G. J. Cornelison*  
Name *Wichita*  
Occupation *Merchant*  
Profession or particular kind of work *Merchant*

MOTHER *Paul Baker*  
14. Full maiden name *Paul Baker*  
15. Residence *Wichita*  
16. Color or race *W*  
17. Age at last birthday *32* years.  
18. Birthplace, at least state or foreign country, if known *Ind Territory*  
19. Occupation *None*  
(a) Trade, profession or particular kind of work.  
(b) General nature of industry, business or other establishment in which employed (or employer)....

Number of children born to this mother including this child *7* 21. Number of children of this mother now living *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I certify that I attended the birth of this child, who was *alive* at *Wichita* M. above stated.  
(Born alive or stillborn)  
There was no attending physician or midwife father, householders, etc., should make a stillborn child is one that neither shows other evidence of life after birth, name added from supplemental report.  
(Signature) *G. H. Harris*  
(Physician or midwife)  
Address *Wichita OK*  
*7-876* 19 *1926* Registrar *Mrs. J. S. Miller*

Use a one or two per cent silver nitrate solution in this infant's eye immediately after its birth?  
*No*



State Department of Health

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS.

State of Oklahoma  
OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

APRIL 27, 1978

*R. C. Pirrong*  
STATE REGISTRAR



STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

AMENDMENT TO BIRTH CERTIFICATE

000406

Certificate of Birth of Dan Moody Cornelison  
 Date of Birth Aug. 17, 1926 Place of Birth Choctaw County, Hugo, Oklahoma  
 State File No. 1265 - 326

ITEMS TO BE AMENDED

Item	Entry before amendment	Entry after amendment
Name of Child	not named	Dan Moody Cornelison
Name of Mother	Sue Oakes	Susan M. Oakes

ABSTRACT OF SUPPORTING DOCUMENTARY EVIDENCE

	By whom issued	By whom signed	Date issued	Date signed
Documents Presented	1. Sworn Affidavit	Susan Cornelison	10-15-55	10-15-55
	2. Voting Registration	Mrs. W.S. Lee	6-13-48	6-13-48
	3.			
Information Concerning Registrant in Document	1.	Dan Moody Cornelison - Susan M. Oakes		
	2.	Dan Cornelison		
	3.			
Additional Information				

Amendment Requested by Susan Cornelison Related to Registrant as Mother

CERTIFICATION BY STATE REGISTRAR: I hereby certify that I have examined the documents referred to above, that the abstract is true and correct, that the documents show no changes or erasures, and appear to be authentic.

State Registrar M. F. Sheehy  
 File Date 11-9-1955

IV.S. 157 B-471



State Department of Health

State of Oklahoma

ROGER C. PIRONG  
 STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

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APRIL 27, 1978

[Signature]  
 STATE REGISTRAR





Northeast 10th Street & Stonewall  
Post Office Box 53551  
Oklahoma City, Oklahoma 73105

## State Department of Health State of Oklahoma

Name of Child Dan Moody Cornelison

Sex Male Date of Birth Aug 17, 1926 Hour (not shown)

Place of Birth: County Choctaw City or Town Hugo

Father: Full Name G. C. Cornelison

Color or Race White Age at time of this birth 40 years

Birthplace Ga.

Mother: Full Maiden Name Susan M. Oakes

Color or Race White Age at time of this birth 32 years

Birthplace Indian, Territory

Filing Date Sept 8, 1926 File No. 1265-326

I hereby certify that the foregoing information is copied from an original certificate of birth which is now on file in the office of the State Department of Health, Division of Vital Statistics.

In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this 24th day of April, 19 79

CERTIFIED COPY  
OF BIRTH RECORD

CERTIFIED COPY MUST  
HAVE EMBOSSED SEAL

  
STATE REGISTRAR