

**DELAYED CERTIFICATE OF BIRTH**

STATE FILE NO. D 2473-106

1. NAME AT BIRTH First: <i>Beulah</i> Middle: <i>Magalene</i> Last: <i>Holder</i>		2. DATE OF BIRTH Month: <i>9</i> Day: <i>19</i> Year: <i>1912</i>	
3. PLACE OF BIRTH County: <i>Pushmataha</i> City: <i>Antlers</i> State: <i>OKLAHOMA</i>		4. COLOR OR RACE <i>White</i>	5. SEX <i>Female</i>
6. FULL NAME OF FATHER <i>John William Holder</i>		7. FATHER'S BIRTHPLACE State or Foreign Country: <i>TEXAS</i>	
8. MAIDEN NAME OF MOTHER <i>Sennie May Ballard</i>		9. MOTHER'S BIRTHPLACE State or Foreign Country: <i>TEXAS</i>	

10. AFFIDAVIT OF REGISTRANT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.  
 (Person whose birth is being recorded)

SIGNATURE <i>Beulah Magalene Holder</i>		PRESENT ADDRESS <i>508 Southwind Acres Hugo, OKLA. 74743</i>	
Subscribed and sworn to before me this Date: <i>10-11-85</i>	NOTARY PUBLIC <i>Patty Williams</i>	My commission expires <i>9-13-87</i>	

DO NOT WRITE BELOW -- TO BE COMPLETED IN DIVISION OF VITAL STATISTICS

ABSTRACT OF SUPPORTING RECORDS

TYPE OF RECORD	BY WHOM SIGNED	DATE ISSUED	DATE ORIGINAL RECORD MADE
1. Social Security Application Record	460-38-1416	4-17-45	4-17-45
2. Affidavit of Personal Knowledge	B. Holder Reynolds	10-11-85	10-11-85
3. Lampton Burial Association Records.	Brent E. Shain	10-11-85	8-4-70
4.			

INFORMATION CONCERNING REGISTRANT AS STATED IN RECORD

BIRTHDATE OR AGE	BIRTHPLACE	NAME OF FATHER	NAME OF MOTHER
1. Sept. 19, 1912	Antlers, Oklahoma	John William Holder	Sennie May Ballard
2. Sept. 19, 1912	Antlers, Ok. Pushmataha Co.	John William Holder	Sennie May Ballard
3. September 19, 1912	Pushmataha Co. Oklahoma		
4.			

ADDITIONAL INFORMATION:

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

DATE FILED <i>12-19-85</i>	EVIDENCE REVIEWED BY <i>V. Loughridge</i>	STATE REGISTRAR <i>[Signature]</i>
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(VS 164 7-66)



**State Department of Health**

State of Oklahoma

ROGER C. PIRRONG  
 STATE REGISTRAR OF VITAL STATISTICS

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.



DEC 19 1985