

PLACE OF BIRTH

Delayed Certificate of Birth

Registered No. _____

County of De Baca
 School District of _____
 or Le Lande, New Mexico
 Village or Town of _____
 or _____, No. _____, St. _____
 City of _____

If birth occurred in a hospital, or institution, give its NAME instead of street and number.

FULL NAME OF CHILD Buford Earl Nelson

Sex Male Twin or triplets? NO Which? _____ Date of birth January 22, 1909
 If so, was this baby first, second, third? _____ Month January Day 22 Year 1909

FATHER
 FULL NAME William Nelson
 RESIDENCE AT TIME OF THIS BIRTH Le Lande, N. M.
 Color or Race White AGE AT TIME OF THIS BIRTH 48 (yrs.)
 BIRTHPLACE Hodgensville, Kentucky (Larue Co., Ky.)
 OCCUPATION Farmer
 Industry or business in which work was done at time of this birth. Farming

MOTHER
 FULL MAIDEN NAME Resnal Earl Moran
 RESIDENCE AT TIME OF THIS BIRTH Le Lande, N. M.
 Color or Race White AGE AT TIME OF THIS BIRTH 28 (yrs.)
 BIRTHPLACE Dyersburg, Crittenden Co., Ky.
 OCCUPATION Housewife
 Industry or business in which work was done at time of this birth. Housewife

CERTIFICATE OF ATTENDING PHYSICIAN, MIDWIFE, PARENT OR RELATIVE
 I hereby certify that I was present at the birth of this child, who was born alive at 3:00 AM M., on the date above stated.

Confirmed by the following supporting evidence:
Affidavits A & B, Honorable
Discharge from U. S. Army, which
shows date and place of birth of
applicant.
 Date Accepted and filed 4-14-44
 By H. Newman MD

(Signed) _____, M. D.
 (Signed) Mrs. Sallie Nelson
Mrs. Sallie Nelson
Dill, Oklahoma.

W.H.O.
 Affidavits on Reverse Side Must be Completed

STATE OF NEW MEXICO
 COUNTY OF SANTA FE

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF AN ORIGINAL CERTIFICATE FILED WITH THE DIVISION OF VITAL STATISTICS, NEW MEXICO DEPARTMENT OF PUBLIC HEALTH--THE LEGAL DEPOSITORY FOR SUCH RECORDS. SIGNED AND SEALED MAY 22, 1967.

BY: Margaret Campos
 DEPUTY STATE REGISTRAR

Audrey Inman
 STATE REGISTRAR

AFFIDAVIT A*

AFFIDAVIT OF PARENT OR NEAREST RELATIVE HAVING KNOWLEDGE OF THIS BIRTH*

STATE OF Oklahoma
COUNTY OF Washita

The undersigned, being first duly sworn on oath, says that She is personally acquainted with the statements in the CERTIFICATE OF BIRTH as set forth upon the other side, and knows them to be true; that She is related to said child as Mother; that She was 28 years of age at the time this birth occurred; that She resided in the city or town of Le Lande County of De Baca, State of New Mexico, at the time this birth occurred.

Signature Anna Bernice Nelson

Subscribed in my presence and sworn to before me this 4th day of April, 1944
(SEAL) H. E. Husbort, Notary Public.

My commission expires H. E. Husbort, N. P.
My Commission Expires June 27, 1947

AFFIDAVIT B*

AFFIDAVIT OF PHYSICIAN OR NON-RELATIVE HAVING KNOWLEDGE OF THIS BIRTH*

STATE OF Oklahoma
COUNTY OF Washita

I am related to the applicant as Aunt by marriage and acted as midwife at time of birth.

The undersigned, being first duly sworn on oath, says that She is personally acquainted with the statements in the CERTIFICATE OF BIRTH as set forth upon the other side, and knows them to be true; that She is ## related to said child; that She was 38 years of age at the time this birth occurred; that She resided in the city or town of Le Lande, County of De Baca, State of New Mexico at the time this birth occurred.

Signature Mrs Sallie Nelson

Subscribed in my presence and sworn to before me this 4th day of April, 1944
(SEAL) H. E. Husbort, Notary Public.

My commission expires H. E. Husbort, N. P.
My Commission Expires June 27, 1947

*Persons less than 16 YEARS OF AGE at the time this birth occurred are not qualified to execute these affidavits.

IMPORTANT—Do not write in this space

5. Any erasure or alteration on this certificate will make it unacceptable.

100 5-22-67
100 5-16-67