

STATE OF OKLAHOMA
OKLAHOMA STATE HEALTH DEPARTMENT
DIVISION OF VITAL STATISTICS

Form V.S. 1
File Number or
State Registrar's Code
458146

DELETED CERTIFICATE OF BIRTH

1. FULL NAME OF CHILD William Ellison Self 2. DATE OF BIRTH Dec - 25 - 1899
 3. COLOR OR RACE Indian SEX Male 3. BIRTHPLACE Hoque - Okla - Oklahoma
 4. FATHER Thomas S. Self (Last Name) 41 (Age at Birth) Nov - 6 - 1869 (City or Town) (County) (State) Adair
 5. MOTHER Hermie M. Usrag (Last Name) 76 (Age at Birth) 5 - 1873 (City or Town) (County) (State) Grant Okla - Okla
 6. AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
 7. SIGNATURE William Ellison Self (To be Signed by Registrar) 10. PRESENT ADDRESS Hoque, Okla Pr. 1
 Subscribed and sworn to before me on 28 day of Oct 1943

My comm. exp. My Commission Expires Nov. 1, 1944 Notary Public Mrs. J. P. Redding
 *10. AFFIDAVIT OF PARENT OR OTHER PERSON HAVING KNOWLEDGE OF THIS BIRTH: I hereby declare upon oath that I am personally acquainted with the statements in the CERTIFICATE OF BIRTH, and know them to be true.
 11. Signature Emmie Lee Self 11A. Present Address Hoque, Okla
 Subscribed and sworn to before me on 28 day of Oct 1943
 My comm. exp. My Commission Expires Nov. 1, 1944 Notary Public Mrs. J. P. Redding

SPACE BELOW MUST BE FILLED IN BY LOCAL REGISTRAR OR NOTARY PUBLIC

ABSTRACT OF SUPPORTING EVIDENCE

Name and Kind of Document, by Whom Issued and Signed	Date Original Document was Made
<u>Birth cert. - Hoque - No - 25 - State H. Dept.</u>	<u>Mar - 18 - 1940</u>
<u>Marriage license - Hoque - Grant - J. P. - Adair - Okla.</u>	<u>Sept - 24 - 1920</u>
<u>Marriage term - Hoque - No - 9 - Male - Hoque</u>	<u>Sept - 25 - 1920</u>

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

Birthdate or Age	Birth Place	Name of Father	Full Name of Mother
<u>Age - 40 - yrs</u>	<u>Hoque Oklahoma</u>		
<u>Age - 21 - yrs</u>			
<u>Age - 21 - yrs</u>			

I certify that I have examined the documents referred to above, that the abstract is true and correct, the documents show no changes or erasures and appear to be authentic.
 Notary Public Mrs. J. P. Redding This certificate filed 10 - 30 1943
 My comm. exp. My Commission Expires Nov. 1, 1944 State Registrar J. G. Wagoner
 Local Registrar Mrs. J. P. Redding
 Address 202 S. F. - Hoque Oklahoma
 *Persons less than 10 years of age at time this birth occurred are not qualified to execute this affidavit.



State Department of Health
State of Oklahoma
OKLAHOMA CITY, OKLAHOMA 73117



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 affixed the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

April 04, 2003

THIS NOT BE RECORDED.

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