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File No. For County

READ DIRECTIONS FOR COMPLETING CERTIFICATE ON REVERSE SIDE
DELAYED CERTIFICATE OF BIRTH
STATE OF OKLAHOMA—BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH

File No. for State Registrar Only
49080

1. PLACE OF BIRTH:
County Choctaw
City or Town Hugh No. _____ Street _____
R.F.D. _____ (If birth occurred in a hospital or institution give its NAME instead of street and number.)

Reg. Dis-1225 Certifi-
trict No. 1250 cate No. 55
To Be Inserted By Registrar

1a. RESIDENCE OF MOTHER At Time Of This Birth:
(Usual Place of Abode) County Choctaw
City or Town Hugh No. _____ Street _____
R.F.D. _____

2. FULL NAME OF CHILD George Lloyd Wilkins

3. Sex or Male 4. Twin, triplet or other _____ 5. Number, in order of birth 420 6. Premature yes Full term _____ 7. Are parents married? yes 8. Date of birth Jan 21-1915 (Month, day, year)
9. Full name George Ellis Wilkins FATHER 10. Color or race White 11. Age at time of this birth 29 (Years) 15. Name before marriage Minnie Webb MOTHER
12. Birthplace (city or place) Osmonville Miss. 16. Color or race white 17. Age at time of this birth 18 (Years) 18. Birthplace (city or place) Shoals Ark.
13. Trade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer 19. Trade, profession, or particular kind of work done, as HOUSEKEEPER, TYPIST, NURSE, CLERK, etc. Housewife
14. Industry or business in which work was done, as SILK MILL, SAWMILL, BANK, etc. _____ 20. Industry or business in which work was done, as own home, LAWYER'S OFFICE, SILK MILL, etc. _____

21. Number of children of this mother, including this birth 7 (If present birth was live born but died before certificate is made out, count as (a)) (a) Number born alive and now living 1 (b) Number born alive but now dead 0 (c) Number born dead 0

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 P. M. on the date above stated.

Confirmed by:
Sworn statement _____
Affidavit _____
Baptismal Certificate _____
Accepted and filed _____
By _____

(Signed) George Ellis Wilkins
(Signed) _____
Address Hugh
Date Certificate Signed 2-27 1915
Filed 2-27 1915 Mrs. P. Reddick
Registrar

AFFIDAVITS ON REVERSE SIDE OF THIS BLANK MUST BE COMPLETED

READ CAREFULLY



State Department of Health

COMMISSIONER OF HEALTH
R. Le Roy Carpenter, M.D., M.P.H.

OKLAHOMA CITY, OKLAHOMA 73105

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.

[Signature]
STATE REGISTRAR

JULY 8 1976

MARGIN RESERVED FOR BINDING
Write Plainly with Unfading Black Ink—This is a Permanent Record
THE FACTS REQUIRED SHOULD BE ENTERED AS THEY WERE AT THE TIME BIRTH OCCURRED

Form VS-4-10M-10-40

1. This blank is to be used only for a birth occurring one year or more prior to date of filing.
2. Certificate must be signed by the attending physician, if possible.
3. The Father's and Mother's Ages, Occupations, Residence, and Number of Children Born to the Mother should be expressed as they were at the time of this birth.
4. The signature must be attested by an officer qualified to administer oaths.

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AFFIDAVIT OF PARENT OR NEAREST RELATIVE HAVING KNOWLEDGE OF THIS BIRTH

STATE OF Oklahoma
 COUNTY OF Choctaw

The undersigned, being first duly sworn on oath, says that he 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 he is related to said child as Father.

Signature George Ellis Watkins

Subscribed in my presence and sworn to before me this 27 day of Feb 1944

Mrs J R Redding Notary Public

My Commission Expires 11-1-1944

AFFIDAVIT OF NON-RELATIVE HAVING KNOWLEDGE OF THIS BIRTH

STATE OF Oklahoma
 COUNTY OF Choctaw

The undersigned, being first duly sworn on oath, says that he 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 he is not related to said child.

Signature J. T. Wall

Subscribed in my presence and sworn to before me this 27 day of Feb 1944

Mrs J R Redding Notary Public

My Commission Expires 11-1-1944

*Persons less than 16 years of age at the time this birth occurred are not qualified to execute this affidavit

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State Department of Health

COMMISSIONER OF HEALTH
 R. Le Roy Carpenter, M.D., M.P.H.

State of Oklahoma
 OKLAHOMA CITY, OKLAHOMA 73105

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JULY 8 1976

[Signature]
 STATE REGISTRAR