THE DIVISION OF HEALTH Bureau of Vital St		DELAYED OR SP CERTIFICATE OF		
Print Full Name Elmer E	. Henson		Date of 12	15 1907
Color or race white sex M	ale Birthplace <u>Casa</u>	ville City or Town)	• • • •	
Father: name Ambr	ose Houston Hen	son	Birthplace Van	Buren, Ark
Mother: name Rhod				.ssouri State or Country)
Registrant's own signature	& Honson	Address 507	. 4	
Subscribed and sworn to before m	oon Oct. 2	195.7 Natary Public	Charlen	e Chubsey
For State of <u>Oklahoma</u>	County ofC	hoctaw My comm	ission expiresIB	m. 12 19.59
Do Not Write Below This 1	Line ABSTRACT OF	SUPPORTING EVIDENCE	Do Not Write	Below This Line
NAME AND KIND OF DOCU	MENT (INCLUDING BY WHOM	155UED AND SIGNED, AND D	ATE OF ISSUE)	Date Original Docu ment Was Made
	ord, School Dist. N	lo.32, Choctaw Coun	ty,	Year 1923
2				
3		***************************************		
4				
	INFORMATION CONCERNIN	G REGISTRANT AS STATED II	N DOCUMENT	•
BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL	NAMEOFMOTHER
Dec. 15, 1907				
3		1117-1.1-2.27-2		***************************************
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Additional Information

State of Oklahoma	
State of Oklahoma Sss.	
I,Rhoda May	Pole-nee-Henson, of lawful age,
Deing first duly sworn, depose and say the Elmer 号。Henson (Name of registrant)	at I am. 73years of age; that I am well acquainted withand have known h ^{1m} for more than49years
last past; that, at the time I first knew h	imbe wasvears of age. I verily believe that be
was born in <u>Cassville, Missour</u> (City or town and state)	ri on Dec. 15. 1907
I have a clear recollection as to the d	ate and place of his birth because (state some fact or
ncident that enables you to recall the birth	n date and birthplace)
WED TO OHOT	·····

	(Signature of officert)
	(Signature of affiant)
	Mother
	Mother (Relationship to registrant)
	507 North F
	507 Vorth F (Street and number)
	hugo, Oklahoma
	(City and state)
Subscribed and sworn to before me th	nis. 2. day of October , 19.57.
M	1959 Charlen autry Notary Public.
iviy commission expires Jan. 12.	1959 Charlen awbien
	Notary Public.