

IMPORTANT NOTICE

CERTIFICATE NOT LEGAL UNLESS IT BEARS SEAL AND SIGNATURE OF STATE REGISTRAR. Mary Eddie Barnes 71276-65 This is a permanent record and must be written in UNFADING INK.

ALL THE QUESTIONS MUST BE ANSWERED It is a CRIMINAL OFFENSE to make a false statement on this Record

ARKANSAS STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

DELAYED BIRTH CERTIFICATE

PRIOR

'65

000753

(Do Not Write In This Space)

1. PLACE OF BIRTH OF CHILD: County Hempstead
City or Town Hope
Street No. or Rural Route _____

2. FULL NAME AT BIRTH Mary Eddie Barnes

3. Is Child Male or Female? Female
4. What is Child's Color or Race? White
5. What was date of Child's Birth? December 25, 1908
(Month) (Day) (Year)

FATHER
6. Father's Full Name Lucian Carol Barnes
7. Where was Father living at the time of this birth? Hope, Arkansas
8. What is Father's color? White 9. What was Father's age at time of birth? 31 yrs.
10. In what State or Country was Father born? Benton County, Tenn.
16. Number of Children born to this Mother up to and including this child? _____

MOTHER
11. Mother's Maiden Name Johnnie Oxford
12. Where was Mother living at the time of this birth? Hope, Arkansas
13. What is Mother's color? White 14. What was Mother's age at time of birth? 31 yrs.
15. In what State or Country was Mother born? Benton County, Tenn.

AFFIDAVIT

State of Alabama
County of Jefferson } ss:

I hereby swear under oath in full knowledge of the penalties of the law for false statement that, to my best knowledge and belief, the facts above stated are true and correct in every particular. I am related to this child as Mother (Attending physician, midwife, parent, or person at least twelve years older having knowledge of birth) and my present age is 87 years.

(Signed) Mrs. Johnnie Barnes

Subscribed in my presence and sworn to before me this 3rd day of February, 1965

Notary Public, Jefferson County, Ala.
My commission expires Sept. 29, 1968
Bonded by Home Indemnity Co. of N. Y.

Edna R. Russon
(Notary Public or Other Official Empowered to Execute Oaths)

My Commission Expires _____

(Do Not Write Below This Line)

Filed February 5, 1965 J. T. Hutton, M.D. State Registrar
Form BH-41 100M-8-64-57236-Ark.P.&L.Co.