



## Oklahoma State Health Department

State of Oklahoma  
OKLAHOMA CITY

## DELAYED CERTIFICATE OF BIRTH

STATE OF OKLAHOMA  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Form - 2516

File No. for State  
Registrars only  
7538

## 1. PLACE OF BIRTH

County of PayneCity or Town Near Yale, Okla. (3 miles East of 1 mile South of Yale Okla.)  
(If birth occurred in a hospital or institution give its NAME instead of street and number)2. FULL NAME OF CHILD Forest Wesley Walls

(ALL DATA IN CERTIFICATE MUST BE AS OF DATE OF BIRTH OF THIS CHILD)

Male	If Plural Births	4. Twin, Triplet, or Other	6. Premature <u>Re</u>	7. Are parents married? <u>Yes</u>	8. Date of Birth <u>April 23</u> 19 <u>16</u> (Month, Day, Year)
3. Sex	5. Number in order of birth	Full term			

## FATHER

9. Full Name Epson Wilbur Walls10. Residence Yale Okla12. Father's age 25 years  
(At time of this birth)13. Birthplace Near Harton, Benton Co. Mo.14. Occupation Salesman then, minister now21. Number of children born to this mother up to and including this child 4 Total number living at time of this birth (including this child) 4

## MOTHER

15. Full Maiden Name Elsie Pearl Jackson16. Residence Yale Okla17. Color White 18. Mother's age 25 years  
(At time of this birth)19. Birthplace Kinsley Kans.20. Occupation House wife

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

STATE OF Okla  
COUNTY OF PayneThe undersigned, being first duly sworn on oath, says that he is personally acquainted with the statements in the CERTIFICATE OF BIRTH, and knows them to be true; that he is related to said child as FatherSignature Rev. E. Wilbur WallsSubscribed in my presence and sworn to before me this the 15th day of November, 1916My Commission Expires July 4, 1917

Notary Public.

## AFFIDAVIT OF ATTENDING PHYSICIAN OR OTHER NON-RELATIVE HAVING KNOWLEDGE OF THIS BIRTH

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_The undersigned, being first duly sworn on oath, says that he is personally acquainted with the statements in the CERTIFICATE OF BIRTH, and knows them to be true; that he is not related to said child.Filed 11-23-16 1916 Signature \_\_\_\_\_

(Attending Physician)

Signature \_\_\_\_\_

Subscribed in my presence and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Notary Public.

My Commission Expires \_\_\_\_\_, 19\_\_\_\_

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

I do 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 2 day of December, 1916.Clyde H. Rose  
STATE REGISTRAR