

PLACE OF BIRTH

Okmulgee (56)
Henry
Dover Road No 5
18 1/2

Standard Certificate of Birth
Oklahoma State Board of Health

Bureau of Vital Statistics
OKLAHOMA, OKLAHOMA

Registered No. 2014
St. _____ Ward _____

(If child is not yet
Amended make supple-
mental record as direct
JUN 12 1996)

NAME OF CHILD

James Jenkins

Sex
Male

Twin, triplet, or others?
Number in order of birth
(To be answered only in event of plural births)

Legitimate?
yes

Date of birth July 10 1914
(Month) (Day) (Year)

FATHER

James Jenkins
Near D.E.

MOTHER

Full Maiden Name Kate McKee

Age at last Birthday 21
(Years)
Alabama
Miss

Color White
Age at last Birthday 18
(Years)
Birthplace Texas
Occupation Housewife

Number of children born to mother, including present birth

Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I certify that I attended the birth of this child, who was alive at the date above stated.
If there was no attending physician or midwife, then the father, mother, or other person, should make this record. A stillborn child is one that does not breathe nor shows other evidence of life after birth.

(Signature) A.W. Coleman
(Physician or Midwife)
at 10 P.M.
(Born alive or Stillborn)

Address _____
Filed 8-4 1914

County Supt. of Public Health

County Supt. of Public Health



State Department of Health

State of Oklahoma

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

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.

STATE REGISTRAR

JUNE 12 1996