

Note: should be FRANCES

Mom's B.C.

Standard Certificate of Birth

Oklahoma State Board of Health
BUREAU OF VITAL STATISTICS
Oklahoma City, Okla.

1. PLACE OF BIRTH
County Harper
Township Buffalo
or
Village _____
or 30-168

Registration Dist. No. A 30250
Primary Dist. No. 3001

No. _____ Street _____ Ward _____
Register No. FB21

2. FULL NAME OF CHILD Mary Francis Walker
If the child dies without a name before the certificate is filled enter the words, "Died unnamed." If the living child has not yet been named at the date of filing certificate of birth, the space for "Full name of child" is to be left blank, to be filled out separately by a supplemental report.

3. Sex of child Female

4. Twins, triplet or others? _____

5. Number in order of birth _____

6. Legitimate? Yes

7. Date of Birth 12 9 22
(month) (day) (yr.)

FATHER
Full name F. Edward Walker
Residence Buffalo, Okla.
Color or race White
Age at last birthday 24 years.
Birthplace, at least state or foreign country if known Hutchinson, Kans.
Occupation _____
(a) Trade, profession or particular kind of work Banker
(b) General nature of industry, business or other establishment in which employed (or employer) Employer in Banking

MOTHER
14. Full maiden name Sarah Ruth McWim
15. Residence Buffalo
16. Color or race White
17. Age at last birthday 25 years.
18. Birthplace, at least state or foreign country if known Marshall, Texas
19. Occupation _____
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) Housewife

8. Number of children born to this mother, including present birth One

21. Number of children of this mother now living One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ (1) _____ at 8-9 _____ M. (Born alive 888665)
(Signature) R. Robinson M.D.
(Physician or 88865)
Address Buffalo
Filed 12/10 1922 Registrar R. Robinson

3. Did you use a one or two per cent silver nitrate solution in this infant's eyes immediately after its birth?
Yes X No _____

Note: Should be Marfa

COMMISSIONER
JOHN W. SHACKELFORD, M.D.



CERTIFIED COPY

State Department of Health
State of Oklahoma

3400 NORTH EASTERN
OKLAHOMA CITY 5, OKLAHOMA

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 12 DAY OF FEBRUARY 1971

[Faint signature and stamp]