

## PLACE OF BIRTH

County of Newton  
 Precinct Plumlee  
 Town of Campton

## DELAYED CERTIFICATE OF BIRTH

STATE OF ARKANSAS  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS

Form BH-404-25M-9-42-89976-C-McB.

A-7468  
4448Registration Dist. No. 6392

Registered No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

(If birth occurred in a hospital or institution give its NAME instead of street and number)

## FULL NAME OF CHILD

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

If Plural Births  4. Twin, Triplet, or other \_\_\_\_\_ 5. Premature  6. Date of Birth Sept. 7, 1924  
 5. Number in order of birth \_\_\_\_\_ Full term?  7. Legitimate?  (Month, Day, Year)

## FATHER

Name Ernest EdgarResidence (usual place of abode) CamptonRace white 12. Father's age 30 years (At time of this birth)Birthplace (City or place) TiptonState or Country OklahomaOccupation Farmer

Number of children born to this mother up to and including this child \_\_\_\_\_ Total number living at time of this birth \_\_\_\_\_ (including this child)

I certify that I was present at the birth of this child, who was born alive at 9 PM on the date above stated. I know the facts of \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D. or Midwife

or (Signed) Ernest Edgar Parent or nearest elder relative or other elder person having knowledge of this birth.(Address) Hill Top Ark.Certificate signed 1-9, 1943, Filed 2-1-43, 1943 W. B. Grayson Registrar

## AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THIS BIRTH

(The signature must be attested by an officer qualified to administer oaths)

STATE OF Arkansas COUNTY OF Seane

I, the undersigned, being first duly sworn on oath, states that information given in the above certificate is true and correct.

Signature Ernest Edgar (Same as above)Subscribed in my presence and sworn to before me this 9 day of Jan, 1943My Comm Expires 9-2-43 W. B. Grayson Notary Public

THIS IS TO CERTIFY, THAT THE ABOVE IS AN EXACT REPRODUCTION OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE AND OF WHICH I AM LEGAL CUSTODIAN. WITNESS MY HAND AND SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH AT LITTLE ROCK, ARKANSAS. (COPY NOT LEGAL IF IT DOES NOT HAVE RAISED SEAL.)

February 13, 1980

DATE

Henry C. Robinson Jr.  
 STATE REGISTRAR