

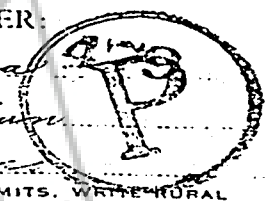
STANDARD CERTIFICATE OF LIVE BIRTH
State of Oklahoma

State File No.

Registrar's No. 158

1. PLACE OF BIRTH:
(a) County *Canadian*
(b) City or town *Ed. Reno*
(c) Name of hospital or institution:
IF OUTSIDE OF CITY OR TOWN LIMITS PUT RURAL
(d) Mother's stay before delivery:
In hospital or institution ... In this community ...
SPECIFY WHETHER YRS., MO., OR DAS.

2. USUAL RESIDENCE OF MOTHER:
(a) State *Oklahoma*
(b) County *Canadian*
(c) City or town *Ed. Reno*
IF OUTSIDE CITY LIMITS, WRITE RURAL
(d) Street No. *804 W. Chautauk*
IF RURAL, GIVE LOCATION



3. Full name of child *James Edward Jones*
4. Date of birth *5-11-42*
MO. DA. YR.
5. Sex: *M*
6. Twin or triplet *no* If so-born 1st 2nd, or 3rd *520*
7. No. months of pregnancy *9*
8. Is mother married? *yes*

FATHER OF CHILD
9. Full name *Vance Alfred Jones*
10. Color or race *white*
11. Age at time of this birth *27* yrs.
12. Birthplace *Ed. Reno Oklahoma*
CITY, TOWN, COUNTY ST. OR FOREIGN COUNTRY
13. Usual occupation *S. H. Ice (Delivery)*
14. Industry or business

MOTHER OF CHILD
15. Full maiden name *Laura May Yaskum*
16. Color or race *white*
17. Age at time of this birth *21* yrs.
18. Birthplace *Sandlett Oklahoma*
CITY, TOWN, COUNTY ST. OR FOREIGN COUNTRY
19. Usual occupation *Hom.*
20. Industry or business

21. Children born to this mother:
(a) How many other children of this mother now living? *3*
(b) How many other children born alive but now dead? *none*
(c) How many children were born dead? *none*

22. Mother's mailing address for registration notice:

23. (a) Was a solution of Silver Nitrate used in eyes? *Argyrol*
(b) Was Blood test for syphilis made? *yes* DO NOT GIVE RESULT OF TEST
24. I hereby certify that I attended the birth of this child who was born alive at the hour of *2 A.* m. on the date above stated and that the information given was furnished by *Vance Jones* related to this child as *Father*

25. Date received by local registrar *6-1-1942*
26. Registrar's own signature *Mrs. J. H. Barnister*
27. Date given name added by

Attendant's own signature *A. L. Johnson*
M. D. *Stillborn* Date signed *5-11-42*
Address *Ed. Reno, Oklahoma*



SEAL

State Department of Health

State of Oklahoma

ROGER C. PIRRONG
STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

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.

NOV 17 1983

0417491

BK0797PG3110

When recorded
mail to:
Jim Jones
P.O. Box 714
Gardnerville, NV
89410

RECORDED

REQUESTED BY
Jim Jones
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'97 JUL 18 AM 11:58

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LINDA SLATER
RECORDER
\$8.00 PAID K2 DEPUTY