

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

THIS CERTIFICATE MUST BE PREPARED AND APPROVED AS REQUIRED BY THE LAW PRINTED ON THE REVERSE SIDE

1. PLACE OF BIRTH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		JUL 29 1942 TEXAS BUREAU OF VITAL STATISTICS	
COUNTY OF <u>Montague</u>		551613			
CITY OR PRECINCT NO. <u>NEAR MONTAGUE</u>		GIVE STREET AND NUMBER OR NAME OF INSTITUTION			
2. FULL NAME OF CHILD <u>JOHNNY COLUMBUS BLACKWELL</u>					
3. SEX <u>MALE</u>		4. TWIN, TRIPLET, OTHER <u>NO</u>		5. LEGITIMATE? <u>YES</u>	
6. DATE OF BIRTH <u>OCT-31-1898</u>					
7. FATHER <u>OBVERTIPTON BLACKWELL</u>			8. MOTHER <u>FRANCIS FRIDDLE</u>		
9. RESIDENCE AT TIME OF THIS BIRTH <u>MONTAGUE CO.</u>			10. RESIDENCE AT TIME OF THIS BIRTH <u>MONTAGUE CO.</u>		
11. COLOR OR RACE <u>WHITE</u>			12. COLOR OR RACE <u>WHITE</u>		
13. AGE AT TIME OF THIS BIRTH <u>42</u> YEARS			14. AGE AT TIME OF THIS BIRTH <u>39</u> YEARS		
15. BIRTHPLACE (STATE OR COUNTRY) <u>ARKANSAS</u>			16. BIRTHPLACE (STATE OR COUNTRY) <u>TENN</u>		
17. TRADE, PRO- FESSION OR KIND OF WORK DONE <u>FARMER</u>			18. TRADE, PRO- FESSION OR KIND OF WORK DONE <u>HOUSEWIFE</u>		
19. INDUSTRY OR BUSINESS IN WHICH ENGAGED			20. INDUSTRY OR BUSINESS IN WHICH ENGAGED		
21. NUMBER OF CHILDREN BORN TO THIS MOTHER, INCLUDING THIS BIRTH <u>9</u>			22. NUMBER OF CHILDREN BORN TO THIS MOTHER, AND NOW LIVING <u>6</u>		
I HEREBY CERTIFY TO THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT <u>3</u> A. M. ON THE DATE STATED ABOVE.					
23. SIGNATURE <u>Joe W Blackwell</u> ADDRESS <u>Ringling, Okla.</u>					
STATE OF <u>Oklahoma</u> AFFIDAVIT A					
COUNTY OF <u>Jefferson</u>					
BEFORE ME ON THIS DAY APPEARED <u>Joe W Blackwell</u>					
KNOWN TO ME TO BE THE PERSON WHO SIGNED THE CERTIFICATE ATTACHED HERETO, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF <u>Johnny Columbus Blackwell</u> ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND THAT HE WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.					
SIGNED: <u>Joe W Blackwell</u>					
SWORN TO AND SUBSCRIBED BEFORE ME, THIS <u>17th</u> DAY OF <u>July</u> , 19 <u>42</u>					
My Commission Expires Jan. 18, 1943					
[SEAL] NOTARY PUBLIC IN AND FOR <u>Oklahoma Jefferson</u> COUNTY, <u>TEXAS</u>					
STATE OF <u>Oklahoma</u> AFFIDAVIT B					
COUNTY OF <u>Jefferson</u>					
BEFORE ME ON THIS DAY APPEARED <u>T. L. Glover</u>					
KNOWN TO ME TO BE THE PERSON WHO SIGNED THIS AFFIDAVIT, WHO ON OATH DEPOSES AND SAYS THAT THE FACTS STATED IN THE FOREGOING BIRTH CERTIFICATE OF <u>Johnny Columbus Blackwell</u> ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND THAT HE IS ACQUAINTED WITH THE FACTS AND THAT HE IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.					
SIGNED: <u>T L Glover</u>					
SWORN TO AND SUBSCRIBED BEFORE ME, THIS <u>11th</u> DAY OF <u>July</u> , 19 <u>42</u>					
My Commission Expires Jan. 18, 1943					
[SEAL] NOTARY PUBLIC IN AND FOR <u>Oklahoma Jefferson</u> COUNTY, <u>TEXAS</u>					
STATE OF TEXAS					
COUNTY OF <u>Montague</u>					
THE BIRTH CERTIFICATE OF <u>Johnny Columbus Blackwell</u>					
ATTACHED HERETO, WAS SUBMITTED TO THIS COURT, AS PROVIDED FOR IN H. B. NO. 614, 46TH LEG., R. S. 1939.					
IT IS THE ORDER OF THIS COURT THAT THIS RECORD BE ACCEPTED BY THE STATE REGISTRAR FOR FILING IN THE STATE BUREAU OF VITAL STATISTICS.					
SIGNED: <u>[Signature]</u> CO. JUDGE					
DATE <u>7-16</u> 19 <u>42</u> OF <u>Montague</u> COUNTY					

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED

AUG 03 1990

Richard B Bays
RICHARD B. BAYS
STATE REGISTRAR



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

DELAYED CERTIFICATE OF BIRTH

CERTIFICATE NO. **481110**

REGISTRANT (Person whose birth is being registered)	1. NAME	[a] First CHARLES	[b] Middle RAY	[c] Last KIRK	2. DATE OF BIRTH 10-14-30
	3. COLOR OR RACE W	4. SEX M	5a. CITY OR TOWN OF BIRTH (If outside city limits, write "rural") ROCKWALL, TX.		5b. COUNTY OF BIRTH ROCKWALL COUNTY, TEXAS
FATHER	6. FULL NAME	[a] First THOMAS	[b] Middle GEORGE	[c] Last KIRK	7. STATE OR COUNTRY OF FATHER'S BIRTH TX - Wood Co.
MOTHER	8. MAIDEN NAME	[a] First ROBIN JONES	[b] Middle KESSIE	[c] Last LEE	9. STATE OR COUNTRY OF MOTHER'S BIRTH TX - HUNT Co.
NOTARY PUBLIC I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. My Comm. Exp. 10/22/97		10. SIGNATURE OF REGISTRANT <i>Charles Ray Kirk</i>		11. PRESENT ADDRESS OF REGISTRANT (Street Address, City and State) Rt 1, Box 198A, Kirbyville, TX	
		12. SIGNATURE OF NOTARY PUBLIC <i>Richard B. Bays</i>		13. NOTARY PUBLIC COMMISSION EXPIRES 10-23-97	

DO NOT WRITE BELOW THIS LINE

SUPPORTING DOCUMENT 1.	TYPE OF DOCUMENT Copy of Social Security Application, #454-32-6962		BY WHOM ISSUED AND SIGNED Social Security Admin., Baltimore, Maryland		DATE ISSUED 05-26-1994	DATE ORIGINAL ENTRY Feb., 1913
	DATE OF BIRTH 10-14-1930	PLACE OF BIRTH Rockwall, Texas	FULL NAME OF MOTHER Bessie L. Kinser		NAME OF FATHER Tomas G. Kirk	
SUPPORTING DOCUMENT 2.	TYPE OF DOCUMENT Application For Texas Driver's License		BY WHOM ISSUED AND SIGNED Custodian of Driver Records, Austin, Texas		DATE ISSUED 04-22-1994	DATE ORIGINAL ENTRY 12-04-1972
	DATE OF BIRTH 10-14-1930	PLACE OF BIRTH Rockwall, Texas	FULL NAME OF MOTHER Not Stated		NAME OF FATHER Not Stated	
SUPPORTING DOCUMENT 3.	TYPE OF DOCUMENT Afft. of Mother, Bessie Lee Inmon, 832 Nelson, Diboll, Texas		BY WHOM ISSUED AND SIGNED Tommie Hawkins, N.P., State of Texas		DATE ISSUED Rec'd 08-24-1994	DATE ORIGINAL ENTRY 04-06-1994
	DATE OF BIRTH 10-14-1930	PLACE OF BIRTH Rockwall, Texas	FULL NAME OF MOTHER Bessie Lee Kinser		NAME OF FATHER Not Stated	
SUPPORTING DOCUMENT 4.	TYPE OF DOCUMENT		BY WHOM ISSUED AND SIGNED		DATE ISSUED	DATE ORIGINAL ENTRY
	DATE OF BIRTH	PLACE OF BIRTH	FULL NAME OF MOTHER		NAME OF FATHER	
QUALIFYING INFORMATION						
I hereby certify that the documentary evidence, abstracted above, has been reviewed and that it substantiates the facts as set forth regarding the registrant. (When on Texas Health and Safety Code, Chapter 192)						
STATE REGISTRAR'S CERTIFICATION		STATE REGISTRAR <i>Richard B. Bays</i>		EVIDENCE REVIEWED BY <i>Paula L. Gola</i>		DATE FILED AUG 25 1994

E403483

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Chapter 678, Health & Safety Code, 1989.

ISSUED **AUG 31 1994**

Richard B. Bays
RICHARD B. BAYS
STATE REGISTRAR



STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

FILE NO.: 109469-31

NAME: PATSY JEAN DAVIS

DATE OF BIRTH: 12-03-31

SEX: FEMALE

PLACE OF BIRTH: WILBARGER COUNTY, TEXAS

FATHER: H. P. DAVIS

MOTHER: BESSIE RIDDLE

DATE FILED: 01-11-32

D492663

This is a true and correct abstract of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED 10-16-36

LAP

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

Richard B. Bays
RICHARD B. BAYS
STATE REGISTRAR



HOWARD JAMES MOSE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



By Twissell Lewis, Deputy.

THE STATE OF TEXAS,

County of Coryell }

To any Regularly Licensed or Ordained Minister of the Gospel, Jewish Rabbi, Judge of the District or County Court, or any Justice of the Peace, in the State of Texas—GREETING:

YOU ARE HEREBY AUTHORIZED TO SOLEMNIZE THE RITES OF MATRIMONY BETWEEN

Mr. Pat Davis

and Miss Beanie Riddle

and make due return to the Clerk of the County Court of said County within sixty days thereafter, certifying your action under this license.

WITNESS my official signature and seal of office, at office in

this, the 24th day of

March 1925

Pat Davis Clerk

County Court,

Coryell County.

By

Deputy.

I, J. F. Ryumiller, hereby certify that on the 23rd day of March, 1925,
I united in marriage Mr. Pat Davis and Miss Beanie Riddle
the parties above named.

WITNESS my hand this

2nd day of

March

A. D. 1925

J. F. Ryumiller,
Minister of the Gospel

Returned and filed for record the 24th day of

March, 1925

and recorded the

26th

L. P. Young

County Clerk.

By

Twissell Lewis Deputy.

1. PLACE OF DEATH

County MustangTownship PorterVillage PorterCity MustangNo. 118 E. 1stStreet 209Ward 90Register No. 168Full Name of decedent Wm. E. Casey

Personal and Statistical Particulars

2. Sex Male3. Color or Race as white, black, mulatto (or other negro decent) White4. Single, Married, Widowed or Divorced Married5. DATE OF BIRTH Feb 9

(Month) (Day)

6. AGE 30 yrs. 3 mos. 3 days

7. OCCUPATION

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

8. BIRTH PLACE

At least state or foreign country, if known.

9. NAME OF FATHER Casey

At least state or foreign country, if known.

10. BIRTH PLACE OF FATHER

At least state or foreign country, if known.

11. MAIDEN NAME OF MOTHER

At least state or foreign country, if known.

12. BIRTH PLACE OF MOTHER

At least state or foreign country, if known.

13. The above is true to the best of my knowledge.

Informant Wm. E. CaseyAddress 118 E. 1stCity MustangState Okla.14. Filed May 29 1918Registrar Wm. E. CaseyRegistration Dist. No. 5125
Primary I. No. 5101

CERTIFICATE OF DEATH

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA

Register No. 168Ward 90

(If death occurred in a hospital or institution, give the name instead of street and number. If in an industrial camp, the name of the camp to be given.)

2. FULL NAME of decedent is an unnamed child the surname, preceded by "unnamed"

Personal and Statistical Particulars

Medical Certificate of Death

3. Sex Male4. Color or Race as white, black, mulatto (or other negro decent) White5. Single, Married, Widowed or Divorced Married6. DATE OF DEATH May 26 1918

(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased,

From May 27 1918 to May 28 1918that I saw him alive on May 27 1918and that death occurred on the date stated above at 1 P.M.

THE CAUSE OF DEATH, *Was as follows:

Pneumonia(Duration) 4 yrs. 4 mos. 4 daysContributory Old age (Secondary)(Duration) 4 yrs. 4 mos. 4 days(Signed) Wm. E. CaseyAddress 118 E. 1stCity MustangState Okla.

18. State the disease causing death or, in deaths from violent causes, state (1) means of injury, and (2) whether

attributed to condition of employment.

19. LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents.)

At place of death 4 yrs. 4 mos. 4 daysIn the State 4 yrs. 4 mos. 4 days

Where was disease contracted, if not at place of death?

Former or usual residence.

20. PLACE OF BURIAL OR REMOVAL ClarksvilleDate of Burial May 29 191821. UNDERTAKER Wm. E. CaseyAddress 118 E. 1stCity MustangState Okla.Registrar Wm. E. Casey

State Department of Health

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma

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 1st day of June, 1918.

REGISTRAR