

STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

C-C-7-~~18~~ - FILED
JUL 29 1942
TEXAS
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	
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	5. NUMBER, IN ORDER OF BIRTH	6. LEGITIMATE? <u>YES</u>
7. DATE OF BIRTH <u>OCT-31-1898</u>			
8. FULL NAME OF FATHER <u>OBWERTIPTON BLACKWELL</u>		14. FULL MAIDEN NAME OF MOTHER <u>FRANCIS FRIDDLE</u>	
9. RESIDENCE AT TIME OF THIS BIRTH <u>MONTAGUE CO.</u>		15. RESIDENCE AT TIME OF THIS BIRTH <u>MONTAGUE CO.</u>	
10. COLOR OR RACE <u>WHITE</u>	11. AGE AT TIME OF THIS BIRTH <u>42</u> YEARS	16. COLOR OR RACE <u>WHITE</u>	17. AGE AT TIME OF THIS BIRTH <u>39</u> YEARS
12. BIRTHPLACE (STATE OR COUNTRY) <u>ARKANSAS</u>		13. BIRTHPLACE (STATE OR COUNTRY) <u>TENN</u>	
13A. TRADE, PROFESSION OR KIND OF WORK DONE <u>FARMER</u>		13B. TRADE, PROFESSION OR KIND OF WORK DONE <u>HOUSEWIFE</u>	
13C. INDUSTRY OR BUSINESS IN WHICH ENGAGED		13D. INDUSTRY OR BUSINESS IN WHICH ENGAGED	
20. NUMBER OF CHILDREN BORN TO THIS MOTHER INCLUDING THIS BIRTH <u>9</u>		21. 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 3 A. M. ON THE DATE STATED ABOVE.
22. SIGNATURE Joe W Blackwell ADDRESS Ringling, Okla.

STATE OF Oklahoma AFFIDAVIT A
COUNTY OF Jefferson
BEFORE ME ON THIS DAY APPEARED Joe W Blackwell
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 Johnny Columbus Blackwell (NAME APPEARING ON CERTIFICATE) ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND THAT HE IS WAS ACQUAINTED WITH THE FACTS AT THE TIME OF THE EVENT.
SIGNED: Joe W Blackwell
SWORN TO AND SUBSCRIBED BEFORE ME, THIS 17th DAY OF July, 1942
My Commission Expires Jan. 18, 1943
(SEAL) NOTARY PUBLIC IN AND FOR Oklahoma Jefferson COUNTY, XX

STATE OF Oklahoma AFFIDAVIT B
COUNTY OF Jefferson
BEFORE ME ON THIS DAY APPEARED T. L. Glover
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 Johnny Columbus Blackwell (NAME APPEARING ON CERTIFICATE) ARE TRUE AND CORRECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, AND THAT HE IS IS ACQUAINTED WITH THE FACTS AND THAT HE IS IS NOT RELATED TO THE INDIVIDUAL BY BLOOD OR MARRIAGE.
SIGNED: T L Glover
SWORN TO AND SUBSCRIBED BEFORE ME, THIS 11th DAY OF July, 1942
My Commission Expires Jan. 18, 1943
(SEAL) NOTARY PUBLIC IN AND FOR Oklahoma Jefferson COUNTY, XX

STATE OF TEXAS
COUNTY OF Montague
THE BIRTH CERTIFICATE OF Johnny Columbus Blackwell
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 W. E. Adams CO. JUDGE
DATE 7-16 1942 OF Montague 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**

BUREAU OF VITAL STATISTICS

Texas Department of Health

VS-122, Rev. 4/92

REGISTRANT <small>(Person whose birth is being registered)</small>	1. NAME [a] First [b] Middle [c] Last CHARLES RAY KIRK			2. DATE OF BIRTH 10-14-30	
FATHER	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
	6. FULL NAME [a] First [b] Middle [c] Last THOMAS GEORGE KIRK			7. STATE OR COUNTRY OF FATHER'S BIRTH TX - Wood Co.	
MOTHER	8. MAIDEN NAME [a] First [b] Middle [c] Last ROBIN JONES LEE KINSER			9. STATE OR COUNTRY OF MOTHER'S BIRTH TX - Hunt Co.	
I hereby declare upon oath that the above documents are true to the best of my knowledge and belief. My Comm. Expires July 8, 1994			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>Tommy Dyer</i>		13. NOTARY PUBLIC COMMISSION EXPIRES 10-23-97

DO NOT WRITE BELOW THIS LINE

SUPPORTING DOCUMENT	TYPE OF DOCUMENT	DATE OF BIRTH	PLACE OF BIRTH	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIGINAL ENTRY
SUPPORTING DOCUMENT 1.	Copy of Social Security Application, #454-32-6962	10-14-1930	Rockwall, Texas	Social Security Admin., Baltimore, Maryland	05-26-1994	Feb., 1913
SUPPORTING DOCUMENT 2.	Application For Texas Driver's License	10-14-1930	Rockwall, Texas	Custodian of Driver Records, Austin, Texas	04-22-1994	12-04-1972
SUPPORTING DOCUMENT 3.	Afft. of Mother, Bessie Lee Inmon, 832 Nelson, Diboll, Texas	10-14-1930	Rockwall, Texas	Tommy Hawkins, N.P., State of Texas	08-24-1994	04-06-1994
SUPPORTING DOCUMENT 4.						
QUALIFYING INFORMATION						
STATE REGISTRAR'S CERTIFICATION	I hereby certify that the documentary evidence, abstracted above, has been reviewed and that it substantiates the facts as set forth regarding the registrant. (In Mon's Texas Health and Safety Code, Chapter 192)					
	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 10-16-96

LAP

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

Richard B. Bays
RICHARD B. BAYS
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 21st day of March, 1925

W. P. Spruice Clerk

County Court, Coryell County.

By W. P. Spruice Deputy.

By W. P. Spruice Deputy.

I, P. S. Ryman, hereby certify that on the 24th 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

P. S. Ryman, Minister of the Gospel

Returned and filed for record the 24th day of March, 1925, and recorded the 20th day of March, 1925

By W. P. Spruice County Clerk.
W. P. Spruice Deputy.

1. PLACE OF DEATH

County Mustang
Township Porter
or Village
or City Mustang No. 118 of Block Street 209

Registration Dist. No. 5125
Primary I. No. 5101

CERTIFICATE OF DEATH
Oklahoma State Board of Health
BUREAU OF VITAL STATISTICS
OKLAHOMA CITY, OKLAHOMA

Register No. 168
Ward

(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 if an unnamed child the surname, preceded by "unnamed"

Wm. C. Carey

3. Sex Male
4. Color or Race as white, black, mulatto (or other negro descent), Indian, Chinese, Japanese or other. White

6. DATE OF BIRTH
9 (Month) 2 (Day)

7. AGE
9 yrs. 3 mos. 3 days

8. OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTH PLACE
At least state or foreign country, if known.

10. NAME OF FATHER
Carey

11. BIRTH PLACE OF FATHER
At least state or foreign country, if known.

12. MAIDEN NAME OF MOTHER

13. BIRTH PLACE OF MOTHER
At least state or foreign country, if known.

14. The above is true to the best of my knowledge.
Informant Wm. C. Carey
Address 118 - 115 - 116 - 117 - 118 - 119 - 120 - 121 - 122 - 123 - 124 - 125 - 126 - 127 - 128 - 129 - 130 - 131 - 132 - 133 - 134 - 135 - 136 - 137 - 138 - 139 - 140 - 141 - 142 - 143 - 144 - 145 - 146 - 147 - 148 - 149 - 150 - 151 - 152 - 153 - 154 - 155 - 156 - 157 - 158 - 159 - 160 - 161 - 162 - 163 - 164 - 165 - 166 - 167 - 168 - 169 - 170 - 171 - 172 - 173 - 174 - 175 - 176 - 177 - 178 - 179 - 180 - 181 - 182 - 183 - 184 - 185 - 186 - 187 - 188 - 189 - 190 - 191 - 192 - 193 - 194 - 195 - 196 - 197 - 198 - 199 - 200

15. Filed May 29 1918
Wm. C. Carey Registrar

Medical Certificate of Death

16. DATE OF DEATH
May 26 1918
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased, From May 27 1918 to May 28 1918 that I saw him alive on May 27 1918 and 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 days
Compulsory Old eye (Secondary)
(Duration) 4 yrs. 4 mos. 4 days
(Signed) Wm. C. Carey

(Address) 168 - 169 - 170 - 171 - 172 - 173 - 174 - 175 - 176 - 177 - 178 - 179 - 180 - 181 - 182 - 183 - 184 - 185 - 186 - 187 - 188 - 189 - 190 - 191 - 192 - 193 - 194 - 195 - 196 - 197 - 198 - 199 - 200
*State the disease causing death or, in deaths from violent causes, state (1) means of injury, and (2) whether in duration of service, condition of employment.

18. LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents.)
At place of death 4 yrs. 4 mos. 4 days
In the State 4 yrs. 4 mos. 4 days

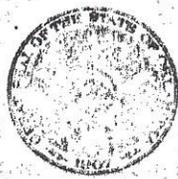
Where was disease contracted, if not at place of death?
Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL
Clarksville

20. UNDERTAKER
James H. P. P.

Date of Burial 5/29 1918
Address

CAUTION: STATE CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUR- RENCE is very important. See list of causes of death furnished by local registrar.



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.

Wm. C. Carey
REGISTRAR