

DELAYED CERTIFICATE OF BIRTH

DO NOT WRITE IN THIS SPACE

For use in cases where Birth Certificates cannot be supplied

2-1034

PLACE OF BIRTH**STATE BOARD OF HEALTH**County of Anderson

Division of Vital Statistics

01901

Township of _____

STATE OF KANSASor Kincaid

City of _____ No. _____ street. Reg. No. _____

Full Name of Child Charles Everett Powers

ALL DATA USED IN THIS CERTIFICATE MUST BE AS OF DATE OF BIRTH OF THIS CHILD

Sex of Child. <u>Male</u>	Twin, Triplet, or other?	Number in order of birth.	Date of birth. <u>March 21, 1917</u>
		(To be answered only in event of plural births)	(Month) (Day) (Year)

FATHER

Full Name. Roy Dale Powers

Residence. (At time of birth of this child) Kincaid, Kansas

Color. White

Birthplace. Kincaid, Kansas

Occupation. (At time of birth of this child) Farmer

Father's age. 23 years.
(At time of birth of this child)

MOTHER

Full Maiden Name. Eunice Laverne Hubbard

Residence. (At time of birth of this child) Kincaid, Kansas

Color. White

Birthplace. Spruce, Missouri

Occupation. (At time of birth of this child) Housewife

Mother's age. 19 years.
(At time of birth of this child)

Dr. R. R. Nevitt

(Name of attending physician)

ABSTRACT OF EVIDENCEAffidavit of motherAffidavit of fatherAffidavit of grandmother, Lillie Powers MontgomerySchool Record, dated June 3, 1933, showing date of birth asMarch 21, 1917.W. E. Hill
Examiner.

I hereby certify that the above and foregoing facts relative to the birth of the above-named individual are true and correct, according to my best information and belief, and according to the application for delayed certificate of birth, duly completed, and on file in my office, and according to the substantiating documentary evidence viewed and examined by the state or local registrar.

Filed JUN 26 1942, 19____Minnie Fleming
State Registrar.