

-221696

Form VS-B-80

DELAYED BIRTH CERTIFICATE

(Do Not Write In This Space)

PRIOR

1. PLACE OF BIRTH OF CHILD: County Greene

City or Town Beech Grove

Street No. or Rural Route Grace Hagland

2695

2. FULL NAME OF CHILD Grace Hagland

3. Is Child Male or Female?

4. What is Child's color or race?

5. Was Mother Married to Father of Child?

6. What was date of Child's Birth?

Female

White

Yes

11 17 1911
(Month) (Day) (Year)

FATHER

7. Father's Full Name Walter Clifton Hagland

8. Where was Father living at the time of this birth? Beech Grove, Ark

9. What is Father's color? White

10. What was Father's age at time of birth? 32 yrs.

11. In what State or country was Father born? Mississippi

12. Number of Children born to this Mother up to and including this child? Six

MOTHER

12. Mother's Full Name Before Marriage Mattie Street

13. Where was Mother living at the time of this birth? Beech Grove, Ark.

14. What is Mother's color? White

15. What was Mother's age at time of birth? 26 yrs.

16. In what State or country was Mother born? Mississippi

AFFIDAVIT

State of Missouri ss.

County of Dunklin

I hereby swear under oath in full knowledge of the penalties of the law for false statement that, to my best knowledge and belief, the facts above stated are true and correct in every particular. I am related to this child as FATHER

or other person having knowledge of this birth) and my present age is 65 years.

(Signed W. L. Hagland)
Subscribed in my presence and sworn to before me this 13 day of July, 1944

Ed. M. Wiley

(Notary Public or Other Official Empowered to Administer Oaths)

My Commission Expires 7/12/45

(Do Not Write Below This Line)

Filed JUL 18 1944, 1944 T. T. Rose, Jr. State Registrar

IMPORTANT NOTICE
This is a permanent record and must be written in INK.
(Certificates in pencil will be REJECTED.)
ALL THE QUESTIONS MUST BE ANSWERED.
It is a CRIMINAL OFFENSE to make a false statement on this Record.