

DELAYED CERTIFICATE OF BIRTH

STATE OF TENNESSEE

DEPT. OF PUBLIC HEALTH

DIV. OF VITAL STATISTICS

FILE NUMBER

D- 440681

NAME AT BIRTH Ella May Allen DATE OF BIRTH May 10, 1892
FIRST MIDDLE LAST MONTH DAY YEAR

BIRTHPLACE Benton Co. Rural COLOR OR RACE White SEX Female
COUNTY CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

FATHER: FULL NAME Jordan Allen BIRTHPLACE Tennessee
STATE OR COUNTRY

MOTHER: MAIDEN NAME Sally Mitchell BIRTHPLACE Tennessee
STATE OR COUNTRY

I HEREBY CERTIFY, ON OATH, THAT THE ABOVE STATEMENTS ARE TRUE. (TO BE SIGNED BY PARENT OR LEGAL GUARDIAN IF REGISTRANT IS UNDER 12 YEARS OF AGE.)

SIGNATURE OF REGISTRANT Ella Allen PRESENT ADDRESS Route 2, Holladay, Tenn.
October 30 1954

SUBSCRIBED AND SWORN TO BEFORE ME ON October 30 1954 Benton M. Daniel NOTARY PUBLIC

REGISTRANT—DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)	DATE ORIGINAL DOCUMENT WAS MADE
1 Family Bible	1892
2	May 10, 1892
3	(BOM)
4 Affidavit of Relative (Reverse)	Oct. 30, 1954
5 Affidavit of Non-Relative (Reverse)	Oct. 30, 1954
6	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1 May 10, 1892	Benton Co. Tenn.	Jordan Allen	Sally Mitchell Allen
2			
3			
4 May 10, 1892	Benton Co., Rural	Jordan Allen	Sally Mitchell
5 May 10, 1892	Benton Co., Rural	Jordan Allen	Sally Mitchell
6			

+ Items 4 & 5 (11-17-54)

I HEREBY CERTIFY THAT I HAVE EXAMINED THE 1 DOCUMENTS ABSTRACTED ABOVE, FIND THEM VALID, AND THAT THE INFORMATION CONTAINED THEREIN IS AS NOTED ABOVE, AND RECOMMEND THAT THIS DELAYED CERTIFICATE OF BIRTH BE ACCEPTED FOR FILING BY THE DIVISION OF VITAL STATISTICS, TENNESSEE DEPARTMENT OF PUBLIC HEALTH.

SIGNED Benton M. Daniel ADDRESS Paducah Tenn DATE Oct. 30 1954
(CIRCUIT COURT JUDGE, DISTRICT ATTORNEY GENERAL, CLERK AND MASTER)

THIS DELAYED CERTIFICATE OF BIRTH IS NOT VALID UNTIL APPROVED BY THE TENNESSEE STATE REGISTRAR OF VITAL STATISTICS OR HIS AUTHORIZED AGENT.

APPROVED: M. Baird DATE: NOV 17 1954 BY: [Signature]

NOTE CAREFULLY
 THIS IS A PERMANENT LEGAL RECORD
 USE TYPEWRITER OR WRITE PLAINLY WITH UNFADING INK—CHECK ALL
 STATEMENTS. ALTERATIONS WILL BE MADE ONLY ON ORDER OF
 A COURT OF RECORD IN TENNESSEE

11-18 54-66919
Mrs. W. Camp
P.O. Halladay

STATE OF Tennessee
COUNTY OF Benton } SS

76

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT _____ YEARS OF AGE; THAT I AM RELATED TO THE PERSON REPRESENTED BY THIS CERTIFICATE AS First Cousin, AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS CERTIFICATE AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE BECAUSE _____

We lived in the same village, and I remember the time of her birth

SIGNATURE: [Signature] PRESENT ADDRESS: Camden, Tennessee

I HEREBY CERTIFY THAT THIS AFFIANT PERSONALLY APPEARED BEFORE ME, THAT I READ THE ABOVE STATEMENTS TO him AND THAT he MADE OATH THAT SAID STATEMENTS ARE TRUE TO THE BEST OF his KNOWLEDGE AND BELIEF.

30 DAY OF October 19 54

SEAL Benton Mc Daniel County Ct. Clerk NOTARY PUBLIC

MY COMMISSION EXPIRES _____

STATE OF Tennessee
COUNTY OF Benton } SS

77

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT _____ YEARS OF AGE; THAT I AM NOT RELATED TO THE PERSON REPRESENTED BY THIS CERTIFICATE, AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS CERTIFICATE AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE BECAUSE _____

I have been a friend of the family for many years. I remember her Birthdate very clearly.

SIGNATURE: [Signature] PRESENT ADDRESS: Camden, Tennessee

I HEREBY CERTIFY THAT THIS AFFIANT PERSONALLY APPEARED BEFORE ME, THAT I READ THE ABOVE STATEMENTS TO him AND THAT he MADE OATH THAT SAID STATEMENTS ARE TRUE TO THE BEST OF his KNOWLEDGE AND BELIEF.

30 DAY OF October 19 54

SEAL Benton Mc Daniel County Court Clerk NOTARY PUBLIC

MY COMMISSION EXPIRES _____