



Commissioner

G. F. MATHERS, M.D.

CERTIFIED COPY  
OF RECORD

# State Department of Health

State of Oklahoma

3400 NORTH EASTERN  
OKLAHOMA CITY 5, OKLAHOMA

10-16-15. 20M

(This Mark is Reserved for Binding)

Form No. 19

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD. IN CASE OF DEATH OF CHILD, A SEPARATE LETTER MUST BE MADE FOR EACH AND THE NUMBER OF EACH, IN ORDER OF BIRTH, INDICATED.

STANDARD CERTIFICATE OF BIRTH

**Oklahoma State Board of Health**  
BUREAU OF VITAL STATISTICS  
OKLAHOMA, OKLAHOMA.

County Pottawatomie Register No. 6455

Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ or \_\_\_\_\_ City Tecumseh St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME OF CHILD Rhodie Rose Shincis (If child is not yet named make supplemental report as directed.)

Sex of Child Female Twins, triplet or others? single Number in order of birth 6th Legitimate? \_\_\_\_\_ Date of birth March 15-1917  
(To be answered only in event of plural births.) (month) (day) (year)

FATHER		MOTHER	
Full Name <u>Frank Franklin Shincis</u>	Full Maiden Name <u>Clara Belle Burnett Shincis</u>	Residence <u>Tecumseh Okla</u>	Residence <u>Tecumseh Okla</u>
Color <u>Indian</u>	Color <u>Indian</u>	Age at last Birthday <u>59</u> (Years)	Age at last Birthday <u>38</u> (Years)
Birthplace <u>Okla</u>	Birthplace <u>Oklahoma</u>	Occupation <u>Gas</u>	Occupation <u>housewife</u>
Number of children born to this mother, including present birth <u>6</u>	Number of children of this mother now living <u>5</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. (1)**

I hereby certify that I attended the birth of this child, who was born at 11:27 A.M. on the date above stated. (Born alive or Stillborn.)

(1) When there was no attending physician or midwife, then the father, householders, etc., should make this return. A Stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from supplemental report: \_\_\_\_\_ 191 \_\_\_\_\_

(SIGNATURE) Geo. W. Colver (Physician or Midwife)

Address \_\_\_\_\_ Filed \_\_\_\_\_ 191 \_\_\_\_\_

County Supt. of Public Health \_\_\_\_\_ County Supt. of Public Health \_\_\_\_\_

Did you use a  Argrol solution in this infant's eyes immediately after its birth?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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 10 day of OCTOBER 1955

270 Shickelford  
REGISTRAR