State of Ckiahoma—Department of Health DELAYED CERTIFICATE OF BIRTH STATE FILE NO. D Month 2. DATE I. NAME hAhAN AT BIRTH OF BIRTH 924 4. COLOR OR RACE 3. PLACE OF BIRTH 7. FATHER'S BIRTHPLACE OF FATHER 9. MOTHER'S 8. MAIDEN NAME BIRTHPLACE OF MOTHER 10. AFFIDAVIT OF REGISTRANT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief, PRESENT ADDRESS LAWARE Subscribed and swom to before me this ma Mande 6-22-DO NOT WRITE BELOW' -- TO BE COMPLETED IN DIVISION OF VITAL STATISTICS ABSTRACT OF SUPPORTING RECORDS DATE ORIGINAL RECORD MADE TYPE OF RECORD BY WHOM SIGNED DATE ISSUED Affidavit of Personal Knowledge LaVada Hernande 9/20/71 9/20/71 Social Security Acc't App'l # 573/44/2906 1/9/52 Citizens Burial Ins. Policy L. R. Johnson 6/15/64 INFORMATION CONCERNING REGISTRANT AS STATED IN RECORD BIRTHDATE OR AGE BIRTHPLACE NAME OF FATHER NAME OF MOTHER Aug. 16, 1924 Eufaula, Oklahoma Leslie Shahan LaVada Mann Eufaula, Oklahoma Aug. 16, 1924 Leslie Shahan LaVada Leare Mann 39 Years ADDITIONAL INFORMATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. EVIDENCE REVIEWED BY STATE REGISTRAR July 14, 1972 State Department of Health COMMISSIONER OF HEALTH CERTIFIED COPY MUST State of Oklahoma HAVE RAISED SEAL R. Le Roy Carpenter, M.D.

OKLAHOMA CITY, OKLAHOMA 73105

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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 date.