

VS & R 141
(L. 1947 p. 1385)

THIS IS A PERMANENT RECORD

● USE TYPEWRITER WITH BLACK RIBBON OR PRINT WITH PEN USING BLACK OR BLUE-BLACK INK.
● ALL SIGNATURES MUST BE HAND WRITTEN IN PEN AND INK.

This delayed birth record must be executed in accordance with the provisions of Sec. 14a, of "An Act in relation to births, stillbirths, and deaths..." Approved June 22, 1915, as amended July 21, 1947 (L. 1947 p. 1385) and with the instructions of the Illinois Department of Public Health.
The original of this record shall be filed with and accepted by the Illinois Department of Public Health at Springfield. An exact copy of this original will be on file with the clerk of the county of birth.

(55549-8-52)



STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

DELAYED RECORD OF BIRTH

ORIGINAL CO
County File No. State File No.

1. PLACE OF BIRTH: ^{City} } of Christopheur ^{Village} } Franklin County ; Illinois ^{Town} } COUNTY, ILLINOIS.
^{Township}

2. FULL NAME AT BIRTH: Altha Elizabeth Fry 3. DATE OF BIRTH: March 29 1898
Month | Day | Year

4. COLOR OR RACE: W 5. SEX: F If your name has been changed (except by marriage) enter the name you are now known by in this space.

6. FATHER'S FULL NAME: Wm. Houston Fry 7. FATHER'S BIRTHPLACE: Marion Illinois
City or County | State or Country

8. MOTHER'S MAIDEN NAME: Mary Ellen Lentz 9. MOTHER'S BIRTHPLACE: Ullin ; Pulaski Illinois
City or County | State or Country

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signed _____ Address _____

(SEAL) Subscribed and sworn to before me this _____ day of _____ 19____

at _____ (Place) _____ (Notary Public)

APPLICANT! DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE		KIND OF DOCUMENT AND DATE MADE	INFORMATION GIVEN IN DOCUMENT AS TO BIRTH DATE, BIRTHPLACE, AND PARENTS
DOCUMENT No. 1			Age or birth date: _____ Birthplace: _____ Father: _____ Mother: _____
DOCUMENT No. 2			Age or birth date: _____ Birthplace: _____ Father: _____ Mother: _____
DOCUMENT No. 3			Age or birth date: _____ Birthplace: _____ Father: _____ Mother: _____
DOCUMENT No. 4			Age or birth date: _____ Birthplace: _____ Father: _____ Mother: _____

I certify that a diligent search of the official birth records was made and that no prior certificate was found for this registrant.

Date Dec. 2 1954 Signed Barney Glemons
Title County Clerk

FOR THE DIRECTOR OF PUBLIC HEALTH:

Accepted and filed at Springfield by _____ on _____ 19____