

KANSAS STATE BOARD OF HEALTH
APPLICATION FOR DELAYED CERTIFICATE OF BIRTH

Division of Vital Statistics

Topeka, Kansas

DO NOT WRITE IN THIS SPACE

Full Name of Applicant

Georgia

First

Ann

Middle

Kriss

Last Name

Place of Birth

Council Grove

City

Marion

County

Ks.

State

Date of Birth

Jan

Month

15

Day

1892

Year

Sex

Female

Twin, Triplet,
or other

—

Number in order
of birth

—

Color

White

KANSAS STATE BOARD OF HEALTH

APPLICATION FOR DELAYED CERTIFICATE OF BIRTH

Division of Vital Statistics
Topeka, Kansas

DO NOT WRITE IN THIS SPACE

Full Name of Applicant Georgia Ann Kriess
First Middle Last Name

Place of Birth Council Grove Marion Ks.
City County State

Date of Birth Jan 15 1892
Month Day Year

Sex <u>Female</u>	Twin, Triplet, or other —	Number in order of birth —	Color <u>White</u>
<small>(To be answered only in event of plural births)</small>			
FATHER		MOTHER	
Full Name. <u>John J. Kriess</u>		Full Maiden Name. <u>Lucila C. Aeria</u>	
Residence. <u>Council Grove Ks.</u> <small>(At time of birth of this child)</small>		Residence. <u>Council Grove.</u> <small>(At time of birth of this child)</small>	
Color. <u>White</u>	Father's age. years. <small>(At time of birth of this child)</small>	Color. <u>White</u>	Mother's age. years. <small>(At time of birth of this child)</small>
Birthplace. <u>Swiss</u>		Birthplace. <u>Indiana</u>	
Occupation. <u>farmer.</u> <small>(At time of birth of this child)</small>		Occupation. <u>Housewife</u> <small>(At time of birth of this child)</small>	

Name of attending physician or midwife.....

State of, County of, ss.

....., being first duly sworn, on oath deposes that he
(Applicant or person on his behalf)

resides at in
(Street, with number) (City or town)

County of, state of, that he has read and understands the above statements and the purposes for which they are to be used, and that the statements and information contained therein are true and correct.

.....
(Applicant or person on his behalf)

Subscribed and sworn to before me this day of, 19.....

(SEAL)

Notary Public.

My commission expires.....

INSTRUCTIONS: This application form may be completed by the applicant himself, or by a person on his behalf. All information requested on the first page must be given, or if unknown, that fact shall be so stated. In addition to the information requested on the first page, at least two of the affidavits on the second page must be completed, and at least two items of documentary evidence must be submitted to the state or local registrar or their agents. In the event that the affidavits on the second page cannot be furnished, the applicant must submit, in lieu of each affidavit, one additional item of documentary evidence. For further instruction see your state or local registrar.

This application must be accompanied by a registration fee of one dollar (\$1.00) preferably a money order, payable to the Kansas State Board of Health, drawn on the Topeka postoffice. Do Not Send Stamps. A certified copy of the delayed birth certificate may be obtained for an additional fifty cents (50c).

WE DO NOT ACCEPT STAMPS OR
PERSONAL CHECKS

FIRST AFFIDAVIT

State of Missouri, County of Jackson, ss.
Ernest Acrea, of lawful age, residing at 4132 Woodland Ave.
Kansas City, Missouri, being first duly sworn on oath deposes and states that
 (City) (State)
Georgie Ann Kreiss
 (Full name of applicant)
 is the son of John J. Kreiss and Lucreta C. Acrea Kreiss, and was born on the
 (daughter) (Names of parents)
15th day of January, 1894, at Council Grove, in Morris
 (Month) (Year) (Street with number) (City)
 in Morris; that he is aware of these facts by reason of being the Cousin and lived in the same
 (County) (Attending Physician, Midwife, Mother, Father,
community when she was a child and saw her when she was a few days old.
 or other person present at the time of birth, or person who lived in the community at the time of birth)
 and that these facts are true and correct.
Ernest Acrea
 (Affiant)
 Subscribed and sworn to before me this 27th day of June, 1942
 (SEAL)
 My commission expires Dec. 24th. 1945
G. E. Nolte
 Notary Public.

SECOND AFFIDAVIT

State of Missouri, County of Jackson, ss.
Arthur E. Carr, of lawful age, residing at 2722 Tracy
Kansas City, Missouri, being first duly sworn on oath deposes and states that
 (City) (State)
Georgie Ann Kreiss
 (Full name of applicant)
 is the son of John J. Kreiss and Lucreta C. Acrea Kreiss, and was born on the
 (daughter) (Names of parents)
15th day of January, 1894, at Council Grove, in Morris
 (Month) (Year) (Street with number) (City)
 in Morris; that he is aware of these facts by reason of being the Cousin and lived in the same
 (County) (Attending Physician, Midwife, Mother, Father,
community when she was a child and saw her when she was a few days old.
 or other person present at the time of birth, or person who lived in the community at the time of birth)
 and that these facts are true and correct.
Arthur E. Carr
 (Affiant)
 Subscribed and sworn to before me this 6 day of July, 1942
 (SEAL)
 My commission expires Jan. 31, 1946
Marine Fuller
 Notary Public.

THIRD AFFIDAVIT

State of _____, County of _____, ss.
 _____, of lawful age, residing at _____
 _____, being first duly sworn on oath deposes and states that
 (City) (State)

 (Full name of applicant)
 is the son of _____, and was born on the
 (daughter) (Names of parents)
 _____ day of _____, at _____, in _____
 (Month) (Year) (Street with number) (City)
 in _____; that he is aware of these facts by reason of being the _____
 (County) (Attending Physician, Midwife, Mother, Father,
 or other person present at the time of birth, or person who lived in the community at the time of birth)
 and that these facts are true and correct.

 (Affiant)
 Subscribed and sworn to before me this _____ day of _____, 19_____
 (SEAL)
 My commission expires _____

 Notary Public.