

**STANDARD CERTIFICATE OF BIRTH  
OKLAHOMA STATE HEALTH DEPARTMENT**

Bureau of Vital Statistics

PLACE OF BIRTH  
County of Canadian

OKLAHOMA CITY, OKLA.

382

Township of \_\_\_\_\_  
Village of \_\_\_\_\_  
City of El Reno

Registered No. 21918  
(No. 817 So Rock Lk. St. \_\_\_\_\_ Ward \_\_\_\_\_)

FULL NAME OF CHILD Robert H Goodno { If child is not yet named, make supplemental report as directed

Sex of Child Male Twin, triplet, or others? \_\_\_\_\_ Number in order of birth \_\_\_\_\_ Legit-iment? yes Date of birth 9 20 1912 (Month) (Day) (Year)

**FATHER**

**MOTHER**

Full Name William H. Goodno

Full Maiden Name Marie Valentine Goodno

Residence 817 So Rock Lk.

Residence 817 So Rock Lk.

Color White Age at last Birthday 28 (Years)

Color White Age at Last Birthday 24 (Years)

Birthplace Kansas City Mo.

Birthplace Ill.

Occupation Traveling Salesman

Occupation House wife

Number of children born to this mother, including present birth... 1 Number of children of this mother now living... 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 P.M. (Born alive or Stillborn)

on the date above stated.

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

(Signature) James T. Riley M.D. (Physician or Midwife)

Given name added from a supplemental report..... 19.....

Address 1204 So. Baker Ave. Filed..... 1912 County Supt. of Public Health

County Supt. of Public Health



**State Department of Health**

**ROGER C. PIRRONG**

State of Oklahoma

STATE REGISTRAR OF VITAL STATISTICS

OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

*Roger Pirrong*  
STATE REGISTRAR

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.

**DEC 06 1993**

and the number of each, in order of births, stated