

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 **23-048789**

City of Birth _____		County of Birth Union	
Name at Birth Margaret Carleen Hooper	Sex Female	Date of Birth Oct 18 1923	
Full Name Dewey Hooper		FATHER	
		Race or Color white	
Birth Date Aug 22 1898	Place of Birth _____	State or Country N. C.	
Maiden Name Gracie May		MOTHER	
		Race or Color white	
Birth Date Mar 29 1905	Place of Birth _____	State or Country N. C.	

The above statements are true to the best of my knowledge and belief

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN

IF UNDER 18 YEARS OF AGE

* If married woman sign maiden name here also

Subscribed and sworn to before me this **18** day of **July**, 19**80**
 at **Union** **S. C.**
 (County) (State) (L. S.)
NOTARY
SEAL **Betty V. Harmsa**
 My Commission expires **July 17, 1988**
 Notary Public

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sister's B/C #22-013098	Union Co., S. C.	May 10, 1922
2 Son's B/C #42-004123	Union Co., S. C.	Mar 10, 1942
3 Application #0991210 for/Veter's Registration	Union Co., S. C.	Nov 06, 1967
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Dewey Hooper	Gracie May
2 18 yrs.	Union, S. C.		
3 Oct 18 1923	Union, S. C.		
4			

I hereby certify that no prior birth certificate is on file for the person named on this delayed birth certificate.

Registrar **Ann McQuinn**

Date filed **Aug. 7, 1980**

I have reviewed the evidence submitted to establish the facts of birth. The abstract of the evidence appearing above accurately reflects the nature and contents of the document.

Betty V. Harmsa
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE