

DHEC 615—25M-5/75

DELAYED CERTIFICATE OF BIRTH
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139—

22 050251

STATE OF <u>S.C.</u> (L.S.)	County of Birth <u>Fairfield</u>
COUNTY OF <u>Richland</u>	City of Birth <u>Wallaceville</u>
Name at Birth <u>LINDY ELIZABETH MASON</u>	Sex <u>Female</u> Date of Birth <u>December 9, 1922</u>

FATHER

Full Name _____ Race or Color _____

Birth Date _____ Place of Birth (State or Country) _____

MOTHER

Maiden Name ANNA BELLE MASON Race or Color White

Birth Date August 9, 1906 Place of Birth (State or Country) Saluda, S.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

Elizabeth Mason Derrick

(Exactly as used at present time)

*If married women sign maiden name here also

Lindy Elizabeth Mason

Subscribed and sworn to before me this

29thday of Oct.19 75NOTARY
SEALHelen P. Blackwood

Notary Public

My commission expires March 4, 1980

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Census Report #9-252-114	Wash. D.C.	April 1, 1930
2 Pilot Life Ins. Pol. # L316890	Greensboro, N.C.	June 12, 1933
3 S.C. Highway Dept. Lic. #701589	Columbia, S.C.	4-23-65
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 7 yrs old	S.C.		
2 11 next bd			Anna Bell Mason
3 12-09-22			
4			

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

Registrar: Doris M. Byars jr.Date filed: 10-29-75

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.

Jean T. Williams, Clerk

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE