

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-049176

City of Birth		County of Birth HORRY	
Name at Birth	RUFUS MCCLLENON WATTS	Sex	MALE
Full Name LUTHER M. WATTS		FATHER	
Race or Color		WHITE	
Birth Date	UNKNOWN	State or Country	SOUTH CAROLINA
Maiden Name DOLLIE ANN FOWLER		MOTHER	
Race or Color		WHITE	
Birth Date	UNKNOWN	State or Country	SOUTH CAROLINA

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

Rufus Watts
 LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERED IS UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this 23RD day of AUGUST, 19 88
 at HORRY SOUTH CAROLINA
 (County) (State) (L.S.)
Dorothy B. Lewis
 Notary Public
 My Commission expires AUGUST 31, 1997
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 PARENTS MARRIAGE CERT., #2198	CONWAY, HORRY COUNTY S.C.	JANUARY 30, 1919
2 OWN MARRIAGE CERT., #34456	CONWAY, HORRY COUNTY S.C.	JUNE 29, 1950
3 CONWAY HOSPITAL STATEMENT	CONWAY, S.C.	NOVEMBER 1, 1971
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		LUTHER M. WATTS	DOLLIE ANN FOWLER
2 AGE: 26			
3 10-16-1923	HORRY COUNTY		
4			

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

Registrar:

Date filed: September 07, 1988

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.

Dorothy B. Lewis
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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