

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050877

City of Birth		County of Birth		Florence	
Name at Birth	IDA GENELLE GASKINS		Sex	Female	
		Date of Birth		Nov. 30, 1922	
Full Name		Hobson Dewey Gaskins		Race or Color	
		FATHER		White	
Birth Date		Place of Birth		State or Country	
				South Carolina	
Maiden Name		Evelyn Turner		Race or Color	
		MOTHER		White	
Birth Date		Place of Birth		State or Country	
				South Carolina	

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

Mrs. Ida G. Hanna

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 23 day of July, 19 81
 at Florence SC
 (County) (State) (L.S.)
Alta G. Lewis
 Notary Public
 My Commission expires October 15, 1989
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sister's Birth Cert. #139-29-035850	Columbia, SC	12-30-29
2 Voters Registration App. #0394376	Florence, SC	2-8-68
3 Palmetto State Life Ins. Co. #M075663	Columbia, SC	8-1-68
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Hobson Dewey Gaskins	Evelyn Turner
2 11-30-22	Florence County		
3 age 45			
4			

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

Registrar:

Date filed:

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.

Alta G. Lewis Clerk Typist II
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE