

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

City of Birth LANE Birth No. 139 -22-051189

Name at Birth MARIAN MARIA MIMS County of Birth WILLIAMSBURG

Sex FEMALE Date of Birth NOV 24 1922

Full Name CHARLES MARION MIMS FATHER

Birth Date _____ Place of Birth _____ State or Country WHITE

Maiden Name NONIE BROWN MOTHER WHITE.

Birth Date _____ Place of Birth _____ State or Country S. C.

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

Marian Maria M. Byrd
 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 30th day of JANUARY, 1989
Williamsburg, S.C.
 (County) (State) (L.S.) *Naomi P. Ward*
 Notary Public
 My Commission expires May 01 1989

NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE			
Kind of Document		Place Issued	Date Filed
1 Social Security appl. #250-48-5548		Baltimore, MD	Nov 03 1949
2 Registrant's Marriage License no#		Williamsburg Co., SC	Dec 20 1941
3 American Nat. Insu Co. Pol #904754		Galveston, TX	Feb 15 1944
4			
Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Nov 24 1922	Lanes-Williamsburg, SC	Charles Marion Mims	Jane Lenora Brown
2 19 yrs. old			
3 Nov 19 1924	Lane, SC		Nonie B (Mims)
4			

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

Registrar: *Ann H. Owens, Jr.*
 Date filed: February 10, 1989

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.

Janie E. Randolph Adm. Spec.
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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