

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -23-049023

City of Birth <u>Leesville</u>		County of Birth <u>Lexington</u>	
Name at Birth <u>Annie Lou Taylor</u>	Sex <u>Female</u>	Date of Birth <u>October 1, 1923</u>	
Full Name <u>Ruben Taylor</u>		Race or Color <u>White</u>	
Birth Date <u>December 9, 1887</u>	Place of Birth <u>South Carolina</u>	State or Country	
Maiden Name <u>Jessie Lucy Shealy</u>		Race or Color <u>White</u>	
Birth Date <u>December 14, 1894</u>	Place of Birth <u>South Carolina</u>	State or Country	

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

Annie Lou Taylor
 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

5th

day of

June19 84

at

Lexington
(County)SC
(State)

(L.S.)

Mildred Lee Hite
Notary Public

My Commission expires

April 30th 1994NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Social Security Application #248-36-0554	Baltimore Md	May 1943
2 Sister's birth cert. #139-27-031291	BVS Cola Sc	Oct 10 1927
3 SC Driver's License #1208484	Columbia Sc	Oct 01 1975
4 S		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Oct 1 1923	Leesville Sc	Ruben Taylor	Jessie L Shealy
2		Ruben Taylor	Jessie Shealy
3 Oct 1 1923			
4			

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

Registrar: [Signature]Date filed: June 14th 1984

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.

Administrative
Specialist

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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