

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-049114

City of Birth		County of Birth		York
Name at Birth	CLEVELAND DIXON	Sex	MALE	Date of Birth
Full Name		Cecil Dixon	FATHER	Race or Color
Birth Date		Unknown	Place of Birth	South Carolina
Maiden Name		Mozel Starnes	MOTHER	Race or Color
Birth Date		Unknown	Place of Birth	Unknown

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

*Cleveland Dixon*  
 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 22nd day of October, 1985  
 at York South Carolina  
 (County) (State) (L.S.)  
 NOTARY SEAL  
 My Commission expires November 23, 1986  
 Notary Public

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Mothers D/C Vol 31 Pg 127	York County, S.C.	Nov 9, 1944
2 Employment Record (Celanese)	Rock Hill, S. C.	April 26, 1958
3 Voters Registration #1-015-223	York, S. C.	Sep 15, 1967
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Cecil Dixon	Mozel Starnes
2 4/16/23			
3 4/16/23	York, S. C.		
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.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

1506