

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048811

City of Birth Anderson, S.C. County of Birth Anderson, S.C.

Name at Birth James Lee Lyon Sex Male Date of Birth March 12, 1923

Full Name Leander Lyon FATHER Race or Color White

Birth Date August 6, 1891 Place of Birth Greenville, S.C. State or Country

Maiden Name Mabel Evans MOTHER Race or Color White

Birth Date May 23, 1901 Place of Birth Anderson, S.C. State or Country

The above statements are true to the best of my knowledge and belief
SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN

IF UNDER 18 YEARS OF AGE

* If married woman sign maiden name here also

Subscribed and sworn to before me this 22nd day of May, 1980

at Clarke Georgia (County) (State) (L.S.)

Notary Public

NOTARY
SEALMy Commission expires 10/3/83

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 child's Birth Record #139 45 020462	Columbia, S C	Jun 10 1945
2 Brother's Birth Record #139 35 014507	Columbia, S C	May 6 1935
3 Marriage License #402	Anderson S C	June 1 1944
4 Social Security Appl. #250 26 8285	Baltimore Md	JUN 30 1941

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 22 yrs LB	Anderson S C		
2		Leander Lyon	Mabel Evans
3 21 yrs			
4 Mar 12 1923	Anderson Anderson S C	Leander Lyon	May Bell Evans

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

JAMES LEE LYON

h 4-29-80

18708

Anderson