

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-049060

City of Birth		County of Birth		Florence	
Name at Birth	ROBERT JOHNNY HOLLOMAN		Sex	Male	Date of Birth
					Jan. 13, 1923
Full Name		Robert O. Holloman		FATHER	Race or Color
					White
Birth Date	Place of Birth		State or Country	South Carolina	
Maiden Name		Florile B. McKay		MOTHER	Race or Color
					White
Birth Date	Place of Birth		State or Country	South Carolina	

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

*Robert J. Holloman*

LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERED UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this second day of January, 1985  
 at Florence, South Carolina  
 (County) (State) (L.S.)

*She C. Mauer*Notary Public  
January 20, 1987NOTARY  
SEAL

My Commission expires

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Sister's birth cert. #139-25-045309	Columbia, SC	Dec. 14, 1925
2 SC Driver's License #555967	Columbia, SC	Dec. 7, 1971
3 Own marriage lic. #03928	Florence, SC	Jan. 12, 1977
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Robert O. Holloman	Florile B. McKay
2 1-13-23			
3 1-13-23	South Carolina		
4			

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

Registrar:

Date filed:

January 9 1985

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.

*She C. Mauer* Deputy Registrar II  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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