

DELAYED CERTIFICATE OF BIRTH

South Carolina State Board of Health

22 049466

Birth No. 139 -

~~22-072419~~

STATE OF South Carolina (L. S.) County of Birth Richland
COUNTY OF Richland City of Birth _____
Name at Birth JAMES RAWLINSON Sex Male Date of Birth October 19, 1922

Full Name William Rawlinson FATHER Race or Color Negro
Birth Date 1901 Place of Birth { State or Country } Richland Co., S.C.

Maiden Name Agnes Boykin MOTHER Race or Color Negro
Birth Date 1903 Place of Birth { State or Country } Richland Co., S.C.

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 21 YEARS OF AGE

James Rawlinson
(Exactly as used at present time)

*If married woman sign maiden name here also.

Subscribed and sworn to before me this 21st day of January, 1972

NOTARY SEAL

Betty N. Moore
Notary Public

My commission expires April 20, 1980

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place Issued	Date Filed
1 U.S.Army Discharge Record#34 642 802		Washington,D.C.	January 15, 1943
2 Son's Birth Record#139-51-002771		Columbia,S.C.	January 29, 1951
3 Mother's Death Record#139-57-011253		Columbia,S.C.	August 23, 1957
4 Father's Death Record#139-51-009169		Columbia,S.C.	June 30, 1951
Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 10-19-22			
2 age 28 L/B	Richland Co.,S.C.		
3		Wm. Rawlinson	(Rawlinson) Agnes Queen Boykin
4		William Rawlinson	Agnes (Rawlinson)

Date Filed January 21, 1972

Registrar Doris M. Byars
(SEE INSTRUCTIONS ON REVERSE SIDE)

Majorie Miller Delayed Records Clerk
Signature and Title of Reviewing Officer