

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-051033

City of Birth		County of Birth	Chester
Name at Birth	John Pierce Stevenson	Sex	Male
Date of Birth	Feb. 2, 1922		
FATHER			
Full Name	Race or Color		
Birth Date	Place of Birth	State or Country	
MOTHER			
Maiden Name	Sallie Eugenie Stevenson	Race or Color Black	
Birth Date	Feb. 14, 1904	Place of Birth	State or Country S. C.

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

John Pierce Stevenson
 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 20th day of October, 1983
 at Chester, S. C.
 (County) (State) (L.S.) Moses J. Caldwell Jr.
 Notary Public
 My Commission expires April 14, 1985

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	US Army Discharge, Ser. #34 090 435	Ft. Leonard Wood, Mo.	9-29-1945
2	Sister's Birth Cert. #139-33-040496	Columbia, S. C.	12-12-1933
3	Life of Ga. Ins. Pol. #A10 454 109	Atlanta, Ga.	6-16-1947
4			

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1	Feb. 2, 1922	Halselville, S. C.		Sallie E. Stevenson
2				Sallie E. Stevenson
3	Age 26 Next BD			Sallie E. Stevenson
4				

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

Registrar: Ann H. Owens KPDate filed: November 1, 1983

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.

Betty A. Young, DCR I
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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