

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139—

16 095061

STATE OF S.C. (L.S.) County of Birth WILLIAMSBURG
COUNTY OF CHARLESTON City of Birth ANDREWS
Name of Birth CASSIE LOUISE WALL Sex FEMALE Date of Birth DEC. 27, 1916
Full Name DANIEL JAMES WALL - DIED - JAN. 17 - 1952 FATHER Race or Color WHITE
Birth Date JULY 24, 1974 Place of Birth { State or Country } S.C. GEORGETOWN Co.
Maiden Name SARAH JANE TODD MOTHER Race or Color WHITE
Birth Date UNKNOWN - DIED FEB. 3 - 1920 Place of Birth { State or Country } S.C. - GEORGETOWN Co.

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 AGECassie H. Hartley
(Exactly as used at present time)

*If married woman sign maiden name here also

Cassie Louise Wall

Subscribed and sworn to before me this

27

day of

May1975NOTARY
SEAL

My commission expires

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission expires September 15, 1978
My Commission expires September 15, 1978

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 S.C. Driver's Lic. #955069	Columbia, S.C.	2-18-65
2 Own child's birth rec. #139-46-016731	Columbia, S.C.	7-8-46
3 Brother's birth rec. #139-19-010430	Columbia, S.C.	4-29-19
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 12-27-16			
2 age 29	Andrews, S.C.		
3		Daniel James Wall	Sarah Jane Todd
4			

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

Registrar:

Louis M. Ryan (jd)

Date filed:

June 5, 1975

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.

Jesse N. Davis

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

Wall, Cassie Louise 74-043667
Williamsburg Co. 12-31-74