

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050869

City of Birth _____ County of Birth Florence

Name at Birth EDNA LEE TAYLOR Sex Female Date of Birth Feb. 5, 1922

FATHER

Full Name Cordie E. Taylor Race or Color White

Birth Date Sep. 28, 1894 Place of Birth South Carolina State or Country South Carolina

MOTHER

Maiden Name Minnie M. Hinds Race or Color White

Birth Date Aug. 26, 1897 Place of Birth South Carolina State or Country South Carolina

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

Edna Lee T. Taylor
 LEGAL SIGNATURE OF PERSON REGISTERED IF 10 YEARS OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERED IS UNDER 10 YEARS OF AGE.

Subscribed and sworn to before me this 1 day of June, 1981
 at Florence SC Notary Public
 (County) (State) (L.S.)
 NOTARY SEAL My Commission expires October 15, 1989

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Social Security Appl. #247-8-0071	Baltimore, MD	Apr., 1971
2 Sister's birth rec. #139-20-023608	Columbia, SC	Aug. 9, 1980
3 Son's birth rec. #139-39-000878	Columbia, SC	Jan. 4, 1939
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 2-5-22	Florence, SC	Cordie E. Taylor	Minnie M. Hinds
2		Cordie Taylor	Minnie Hinds
3 age 16	Florence, SC		
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*Date filed: June 8, 1981

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.

Alta A. Lewis Clerk Typist II
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE