

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-051148

City of Birth <b>BENNETTSVILLE</b>		County of Birth <b>MARLBORO CO.</b>	
Name at Birth <b>MARY PAULING</b>	Sex <b>FEMALE</b>	Date of Birth <b>MAY 07 1922</b>	
FATHER		Race or Color	
Full Name		State or Country	
Birth Date		Place of Birth	
Maiden Name <b>MARY PAULING</b>		MOTHER	
Race or Color <b>BLACK</b>		State or Country	
Birth Date		Place of Birth <b>MARLBORO CO. S.C.</b>	

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

*May P. Nichols*  
 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 17th day of MARCH, 19 86  
 at MARLBORO SOUTH CAROLINA  
 (County) (State) (L.S.)  
 NOTARY SEAL  
 My Commission expires My Commission Expires  
1 AUGUST 18, 1990

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE			
Kind of Document		Place issued	Date Filed
1	SOCIAL SECURITY APPL #267-36-4700	BALTIMORE MD.	FEB. 1945
2	OWN MARRIAGE LICENSE#44106	MARLBORO CO. SC.	JUNE 15 1944
3	CHILDS BIRTH RECORD#139-47-016006	MARLBORO CO. S.C.	MAY 07 1947
4			

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 05-07-1922	BENNETTSVILLE, S.C.		MARY PAULING
2 AGE 22			
3 AGE 24	MARLBORO CO. S.C.		
4			

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

Registrar: *Ann A. Chambers*Date filed: *April 3, 1986*

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.

*Attn. B. Chambers*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

1893