

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048974

City of Birth		County of Birth		YORK	
Name at Birth	DORIS HAMILTON		Sex	FEMALE	
			Date of Birth	July 4, 1923	
Full Name	JULIUS HAMILTON		FATHER		
			Race or Color	WHITE	
Birth Date	Unknown		Place of Birth	State or Country Unknown	
			MOTHER		
Maiden Name	Ouida Allen			Race or Color White	
			Place of Birth	State or Country Unknown	
Birth Date	Unknown				

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

Mrs. Doris Hamilton Hamilton
 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 11th day of July, 1983
 at York South Carolina
 (County) (State) (L.S.) *Judith A. Harrison*
 NOTARY SEAL Notary Public
 My Commission expires November 23, 1986

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sisters B/C #139-21-039560	York County, S.C.	Nov 21 1921
2 Daughters B/C #139-48-034516	York County, S.C.	Sep 11 1948
3 Dr's Record (Ebenezers Medical)	Rock Hill, S.C.	1975
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Julius Hamilton	Ouida Allen
2 25 yrs	Rock Hill, S.C.		
3 7/4/23			
4			

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

Registrar: *Ann L. Cummings*Date filed: *July 14, 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.

Judith A. Harrison
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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