

APPLICANT INFORMATION FORM (REVERSE SIDE)

FORM NO. 2

1. PLACE OF BIRTH

County of Fairfax

Township of Cobbs

Post Town of

City of

State VA

Date 10/10/19

Year 1910

Month Oct

Day 10

Hour 10

Minute 00

Second 00

AM or PM AM

Time Zone EST

Daylight Savings Time Yes

Summer Time No

Central Standard Time No

Mountain Standard Time No

Pacific Standard Time No

Hawaiian Standard Time No

Aleutian Standard Time No

Alaska Standard Time No

Alaska-Yukon-Pacific Standard Time No

Alaska-Yukon-Pacific Daylight Saving Time No

Alaska Daylight Saving Time No

Alaska-Yukon-Pacific Daylight Saving Time No

Alaska Daylight Saving Time No

Alaska-Yukon-Pacific Daylight Saving Time No

Alaska Daylight Saving Time No

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Alaska-Yukon-Pacific Daylight Saving Time No

Alaska Daylight Saving Time No

Alaska-Yukon-Pacific Daylight Saving Time No

Alaska Daylight Saving Time No

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

BUREAU OF VITAL RECORDS

STATE BOARD OF HEALTH

No. 20, for this locality

1910

1. This document is a record of birth registration made at time of birth or later and contains facts  
of birth, name of child, name of parents, date and place of birth.

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