

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-050903

City of Birth _____ County of Birth **Chester**

Name at Birth **Vergie Louise Gaston** Sex **Female** Date of Birth **Aug. 25, 1922**

Full Name **George Alexander Gaston** FATHER Race or Color **White**

Birth Date **June 10, 1865** Place of Birth State or Country **S. C.**

Maiden Name **Violet Love** MOTHER Race or Color **White**

Birth Date **Jan. 4, 1882** Place of Birth State or Country **S. C.**

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

Vergie G. Tracy

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 **20th** day of **Oct.**, 19 **81**at **Chester** **S. C.**
(County) (State) (L.S.)*Betty B. Young*
Notary Public
Aug. 12, 1991

My Commission expires

NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Life Ins. Co. of Va. Pol. #K 535534	Richmond, Va.	1-15-1951
2 Brother's Birth Cert. #139-28-042414	Columbia, S. C.	2-28-1929
3 Voter's Reg. Cert. #1-360-391	Union, S. C.	Oct. 6, 1972
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Age 28			
2		George Alexander Gaston	Violet Love
3 8-25-1922	Chester 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 J. Owens/CP

Date filed:

November 4, 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.

Betty B. Young, Deputy Registrar I
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE