

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -22-050936

City of Birth	St. George	County of Birth	Dorchester
Name at Birth	MORINE FELDER	sex	Female
Date of Birth	Mar. 23, 1922		
Full Name	Hamp Felder	FATHER	Race or Color Black
Birth Date ?		Place of Birth	State or Country SC
Maiden Name	Alice Bowman	MOTHER	Race or Color Black
Birth Date ?		Place of Birth	State or Country SC

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

*x Morine Jones*  
 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 14 day of April, 1982  
 at Dorchester, S.C.  
 (County) (State) (L.S.) *Brenda Kinton*  
 Notary Public

NOTARY  
SEALMy Commission expires July 6, 1982

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Statement: Williams Memorial Sch.	St. George, S.C.	Sept., 1938
2 Fed. Census rec. #kc 3 010 391	Washington, DC	April 1, 1930
3 Daughter's birth rec. #139-43-023705	Dorchester Co., SC	Aug 10, 1943
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Mar. 23, 1922	Dorchester Co., SC	Hamp Felder	Alice Bowman
2 age: 8	SC	Hamp Felder	Alice (Felder)
3 Age: 21	St. George, 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 Owens*Date filed: May 7, 1982

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.

*Brenda Kinton, Dep Reg*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE