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DELAYED CERTIFICATE OF BIRTH
Division of Vital Statistics - State Board of Health
STATE OF SOUTH CAROLINA Birth No. 139 -

STATE OF <u>South Carolina</u>	(L. S.)	County of Birth <u>Dillon</u>
COUNTY OF <u>Dillon</u>		City of Birth _____
Name at Birth <u>Jewel McKenzie</u>	Sex <u>Male</u>	Date of Birth <u>Sept. 11, 1916</u>
FATHER		
Full Name <u>Whit McKenzie</u>		Race or Color <u>White</u>
Birth Date _____	Place of Birth { State or Country }	
MOTHER		
Maiden Name <u>Rosie Allen</u>		Race or Color <u>White</u>
Birth Date _____	Place of Birth { State or Country }	

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 21 YEARS OF AGE

Jewel McKenzie
(Exactly as used at present time)

*If married woman sign maiden name here also

Subscribed and sworn to before me this

19th

day of

September

1955

NOTARY
SEAL

Mary L. Toomey
Notary Public

My commission expires

at the Pleasure of the Governor

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Issued
1 Social Security Record 248-28-5211	Baltimore Md.	March 29, 1940
2 Palmetto State Life Ins. 801699	Columbia, S.C.	12-31-1945
3 North Carolina State Drivers License	Raleigh N. C.	5-23-1950

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Sept. 11, 1916	Dillon, S.C.	Whit McKenzie	Rosie Allen
2 30 Next Birthday			
3 9-11-16			

Date Filed

9-19-55

Registrar

M. U. Dantzler, M.D.

(SEE INSTRUCTIONS ON REVERSE SIDE)

H. J. Ruick
Signature and Title of Reviewing Officer
Deputy County Registrar

Form VS-6