

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050791

City of Birth Dillon, S.C.		County of Birth Dillon	
Name at Birth HAZEL ALLEN	Sex FEMALE	Date of Birth July 7, 1922	
Full Name IRA JOSEPH R. ALLEN		Race or Color White	
FATHER			
Birth Date July 21, 1898	Place of Birth Benson, Johnston Co., N.C.	State or Country	
MOTHER			
Maiden Name BESSIE ELIZABETH BUIE	Race or Color White		
Birth Date September 9, 1899	Place of Birth Mt. Olive, Wayne Co., N.C.	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 18 YEARS OF AGE _____

(Exactly as used at present time)

* If married woman sign maiden name here also *Hazel Allen*Subscribed and sworn to before me this 29th*Now Hazel Allen Horton*
day of October, 1979at Wake N.C.
(County) (State) (L.S.)*Louise B. Gaddy*

Notary Public

September 1, 1984

My Commission expires _____

NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Son's Birth Cert. #96	Wake Co, N.C.	10-16-39
2 Soc. Sec. Appl. #243 30 0234	Baltimore, Md.	11-3-42
Parent Marriage License no #	Wayne Co, N.C.	7-17-17
4 Sister's Birth Cert. #139-20-043487	Columbia, S.C.	9-29-20

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 17 yrs.	Dillon, S.C.		
2 7-7-22	Dillon, S.C.	Joseph Allen	Bessie Buié
3		Ira Allen	Bessie Buié
4		Ira Allen	Bessie Buié

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: *April 25, 1980*

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.

Louise B. Gaddy
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE