

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050883

City of Birth **Madison, S. C.** County of Birth **OCONEE**
 Name at Birth **LOLA IRENE HARE** Sex **Female** Date of Birth **MAY 14 1922**

Full Name **Harrison A Hare** FATHER Race or Color **White**
 Birth Date **N/A** Place of Birth State or Country **N/A**

Maiden Name **Mary E Cox** MOTHER Race or Color **White**
 Birth Date **N/A** Place of Birth State or Country **N/A**

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

* If married woman sign maiden name here also

Subscribed and sworn to before me this **31** day of **July**, 19 **81**
 at **Oconee**, **S. C.**
 (County) (State) (L.S.)

NOTARY
SEAL

My Commission expires **Nov 16 1987**

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Social Security App. #253 38 9216	Baltimore, Maryland	Jun 1944
2 Child's Birth Certf. #127 343	Stephens Co., Ga.	Oct 05 1950
3 Stephens Co. Hospital Record	Stephens Co., Ga.	Jul 01 1968
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 May 14 1922	Oconee Co., SC	Harrison A Hare	Mary E Cox
2 28 yrs.	Madison (Oconee Co., SC)		
3 May 14 1922			
4			

I hereby certify that no prior birth certificate is on file for the person named on this delayed birth certificate.

Registrar:

Date filed:

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.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE