

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050798

City of Birth		County of Birth	
		Charleston	
Name at Birth		Sex	Date of Birth
MARGUERITE HAND		Female	May 16, 1922
FATHER			
Full Name		Race or Color	
William Nathaniel Hand		white	
Birth Date	Place of Birth	State or Country	
		Florida	
MOTHER			
Maiden Name		Race or Color	
Nellie Dutton		white	
Birth Date	Place of Birth	State or Country	
		Florida	

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

Marguerite H. Nielsen

(Exactly as used at present time)

* If married woman sign maiden name here also

Marguerite Hand

Subscribed and sworn to before me this

at Columbia Florida (County) (State) (L.S.)

4th Marguerite Hand

day of June 1980

Notary Public

NOTARY SEAL

My Commission expires July 20, 1982

My Commission Expires July 20, 1982

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place issued	Date Filed
1 Social Security Appl. #266 14 5534		Baltimore, Md.	12-1938
2 West Little River Elementary School Rec.		Miami, Fla.	1931
3 Son's Birth Cert. #109-1380-6956		Miami, Fla.	3-31-41
4 Own Marriage License #52767		Dade Co, Fla.	3-27-46
Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 5-16-22	Charleston, SC	William N. Hand	Nellie Dutton
2 5-1922			Nellie Hand
3 18 years.	South Carolina		
4 23 yrs.	Charleston, S.C.		

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

80-120205-D 4/21/80 ss
SEE INSTRUCTIONS ON REVERSE