

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-050696

City of Birth		County of Birth	Chester
Name at Birth	Susan Hollis	Sex	Female
		Date of Birth	April 12, 1922
Full Name		FATHER	Race or Color
Dan S. Hollis, Sr.			White
Birth Date	July 28, 1885	Place of Birth	State or Country
		Chester County, S. C.	
Maiden Name		MOTHER	Race or Color
Maude White McFadden (Hollis)			White
Birth Date	July 11, 1886	Place of Birth	State or Country
		Chester County, S. C.	

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

*Susan Hollis Williams*  
(Exactly as used at present time)

*Susan Hollis*

\* If married woman sign maiden name here also

Subscribed and sworn to before me this

25

day of

January

19 79

at

*York*  
(County)

*S.C.*  
(State) (L.S.)

*John B. Keever*  
Notary Public

My Commission expires

*June 21, 1984*

NOTARY  
SEAL

DO NOT WRITE BELOW THIS LINE

### ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Mother's Death Cert. #71-020001	Columbia, S. C.	Nov. 29, 1971
2 Own Marriage Lice. #63471	York Co., S. C.	Dec. 1, 1941
3 Pilot Life Ins. Co. Pol. #234204	Greensboro, N. C.	Sept. 23, 1942
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Dan S. Hollis, Sr.	Maude White McFadden (Hollis)
2 Age 19			
3 April 12, 1922	Chester Co., Chester, S. C.		
4			

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

Registrar:

*Doris M. Ryan SR*

Date filed:

*2-6-79*

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.

*Betty B. Young, Deputy Registrar I*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE