

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050835

City of Birth	Hyman	County of Birth	Florence
Name at Birth	COLEE POWELL	Sex	Male
		Date of Birth	Jan. 11, 1922
Full Name	Hedley Powell	FATHER	
		Race or Color	White
Birth Date	Unknown	Place of Birth	State or Country S. C.
		MOTHER	
Maiden Name	Rosella Brown		Race or Color White
		State or Country	S. C.
Birth Date	Unknown	Place of Birth	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

*Colee Powell*  
(Exactly as used at present time)

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 20th day of October, 19 80  
at Florence, South Carolina  
(County) (State) (L.S.)

Notary Public

NOTARY  
SEAL

My Commission expires January 20, 1987

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 App. for Soc. Sec. #251-26-6247	Baltimore, MD	Oct. 1941
2 US Army discharge Ser. #34 848 795	Ft. Bragg, NC	Jan. 16, 1946
3 Bureau of the Census rec. #1b 2-064-766	Washington, DC	April 1, 1930
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 1-11-22	Hyman, SC	Hedley Powell	Rosella Brown
2 1-11-22	Hyman, SC		
3 Age 8		Hedley Powell	Rozelar (Powell)
4			

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

Registrar:

Date filed:

*Ann H. Owens*  
Oct. 30, 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.

*R. C. Mauer*

Deputy Registrar II

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE