

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050694

City of Birth Greenville County of Birth Greenville
 Name at Birth Marian Louise Watkins Sex Female Date of Birth September 18, 1922

FATHER
 Full Name _____ Race or Color _____

Birth Date _____ Place of Birth _____ State or Country _____

MOTHER
 Maiden Name Annie Marie (Evelyn) Watkins Race or Color White

Birth Date April 18, 1902 Place of Birth _____ State or Country Georgia

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

Marian Louise Davis
 (Exactly as used at present time)

* If married woman sign maiden name here also

Marian Louise Watkins

Subscribed and sworn to before me this 1st day of August, 19 78
 at Deep Smith Texas Charles H. Russell
 (County) (State) (L.S.) Notary Public

NOTARY
 SEAL

My Commission expires 8-31-78

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 <u>appl. social security #117-20-5125</u>	<u>Baltimore, Md.</u>	<u>3-12-45</u>
2 <u>Mount Vernon Public Schools record</u>	<u>Mt. Vernon, N. Y.</u>	<u>9-22-31</u>
3 <u>Family Medical Clinic record</u>	<u>Hereford, Tex.</u>	<u>4-8-67</u>
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 <u>9-18-22</u>	<u>Greenville, S. C.</u>		<u>Ann Evelyn Watkins</u>
2 <u>9-18-22</u>			
3 <u>9-18-22</u>			
4			

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

Registrar:

Date filed:

Geris M. Byars
Feb. 1, 1979

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.

Deputy

Mary Louise C. McAllister

Signature and title of Reviewing Officer

Registrar

SEE INSTRUCTIONS ON REVERSE