

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -23-048895

City of Birth	CADES	County of Birth	WILLIAMSBURG
Name at Birth	OLGA FEAGIN	Sex	DATE of Birth JUN 17 1923
Full Name	ASHTON FEAGIN	FATHER	Race or Color WHITE
Birth Date	Place of Birth	State or Country	S. C.
Maiden Name	LETTIE MCKENZIE	MOTHER	Race or Color WHITE
Birth Date	Place of Birth	State or Country	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

(Exactly as used at present time)

* If married woman sign maiden name here also

Subscribed and sworn to before me this 25th day of MARCH, 1982
 at MARION, FLORIDA
 (County) (State) (L.S.)
Judy S. Burrell
 Notary Public
 My Commission expires 1983
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Son's Birth Cert. no #	Florence Co., S.C.	4-28-49
2 U. S. Census Record #4 017 594	Washington, D.C.	4-1-30
3 Parent's Marriage License #2612 78	Williamsburg Co., S.C.	10-6-18
4 S. C. Driver's License Record #774527	Columbia, S.C.	1-24-50

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 25 yrs.	Williamsburg Co., SC		
2 6 yrs.	South Carolina		Lettie (Lane)
3		Ashton Feagin	Lettie McKenzie
4 6-17-23			

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