

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139-

22 050264

STATE OF South Carolina	(L.S.)	County of Birth Florence, S. C.
COUNTY OF Florence, S. C.		City of Birth Florence, S. C.
Name at Birth Frances Aline Baker	Sex Female	Date of Birth 11/25/1922
FATHER		
Full Name Ethan Allen Baker		Race or Color Caucasian
Birth Date 5/22/1893	Place of Birth { State or Country }	South Carolina
MOTHER		
Maiden Name Frances Edwin Culpepper		Race or Color Caucasian
Birth Date 11/3/1906	Place of Birth { State or Country }	South Carolina

The above statements are true to the best of my knowledge and belief.

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN,
IF UNDER 21 YEARS OF AGE

Frances B. Hickey
(Exactly as used at present time)

*If married woman sign maiden name here also

Frances Aline Baker

Subscribed and sworn to before me this

21st

day of

MAY

1975

NOTARY
SEAL

James Mac Williams
Notary Public For South Carolina

My commission expires ~~MY COMMISSION EXPIRES DEC. 21, 1980~~

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Death record of father #139 60 008967	Columbia, S. C.	July 1, 1960
2 Daughter's Birth Record - Toumey Hospital	Sumter, S. C.	May 26, 1944
3 Franklin National Life Ins. Pol. #138369	Greenville, S. C.	Mar. 22, 1943
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Ethan Allen Baker	Frances Culpepper
2 Nov. 25, 1922	Florence, S. C.		
3 21 Next B.D.			
4			

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

Registrar:

Hazel Baker Knight
May 21, 1975

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.

Winifred Halsey
Signature and title of Reviewing Officer
Staff Assistant II

SEE INSTRUCTIONS ON REVERSE