

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050981

City of Birth _____ County of Birth **Chester**
 Name at Birth **Polly Dove** Sex **Female** Date of Birth **Jan. 10, 1922**

FATHER
 Full Name _____ Race or Color _____

Birth Date _____ Place of Birth _____ State or Country _____

MOTHER
 Maiden Name **Mary Dove** Race or Color **White**

Birth Date **Nov. 22, 1902** Place of Birth _____ State or Country **S. C.**

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

(+) Her mark
Polly D. Varnadore
 LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERED IS UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this **7th** day of **Jan.**, 19 **83**

at **Chester**, **S. C.**
 (County) (State) (L.S.)

NOTARY
 SEAL

My Commission expires

Betty B. Young
 Notary Public
 Aug. 12, 1991

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sister's Birth Cert. #139-26-010099	Columbia, S. C.	4-25-1926
2 S.C. Voter's Reg. Cert. #27	Chester, S. C.	4-8-1958
3 Federal Census Record #wd 9 007 154	Washington, D. C.	4-1-1930
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1			Mary Dove
2 1-10-1922			
3 Age 8	S. C.		
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 B. Owens
Feb 3, 1983

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, DCR I
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE