

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139

22-050804

City of Birth	County of Birth			Florence
Name at Birth	LIZZIE HICKS	Sex	Female	Date of Birth
				May 5, 1922
Full Name	Don Hicks	FATHER	Race or Color	Black
Birth Date	Unknown	Place of Birth	State or Country	S.C.
Maiden Name	Lizzie McKenzie	MOTHER	Race or Color	Black
Birth Date	Unknown	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

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 14 day of July, 19 80  
at Florence, S.C.  
(County) (State) (L.S.)  
NOTARY SEAL  
My Commission expires October 15, 1989

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Florence General Hospital patient record,	Florence, S.C.	7-21-64
2 Son's birth record #139-42-039153	Columbia, S.C.	12-14-42
3 Public Savings Life Ins. Co. #726793	Charleston, S. C.	5-19-52
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 5-5-22		Don Hicks	Lizzie McKenzie (Hicks)
2 age 20	Timmensville, S.C.		
3 age 30 yrs.			
4			

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.

Alta G. Lewis Clerk Typist II  
Signature and Title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE