

DHEC 615-25M-5/75

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DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-

STATE OF MARYLAND	(L.S.)	County of Birth	Aiken
COUNTY OF PRINCE GEORGES		City of Birth	Salley, S. C.
Name at Birth	Ruth Bell Williams	Sex	Female
		Date of Birth	Dec 5 1922
Full Name	Edgar Williams	FATHER	Race or Color Colored
Birth Date	Unknown	Place of Birth	{ State or Country } S. C.
Maiden Name	Martha Hallman	MOTHER	Race or Color Colored
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

11th

day of

March

19 77

NOTARY

SEAL

My commission expires

Notary Public

My commission expires July 1, 1978.

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

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Kind of Document	Place Issued	Date Filed
1 Sisters Birth Rec. #139-27-016882	Aiken Co., S. C.	6-13-1927
2 Her Child's Birth Rec. #139-057706	Aiken Co., S. C.	10-30-47
3 Appl. for S.S. Acct. # 578-4203837	Baltimore, Md.	3-16-1949
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Edgar Williams	Martha Hallman
2Age 24	Aiken Co., S. C.		
312-5-1922	Sally, Aiken Co,S.C.	Eiker Williams	Martha Halman
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.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE