

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050632

City of Birth	Cassatt	County of Birth	Kershaw
Name at Birth	Nathaniel Gay Anderson	Sex	Male
		Date of Birth	Feb. 7, 1922
Full Name	Lewis T. Anderson	FATHER	
		Race or Color	White
Birth Date		Place of Birth	S.C.
		State or Country	
Maiden Name	Malissie Ann Womack	MOTHER	
		Race or Color	White
Birth Date		Place of Birth	N.C.
		State or Country	

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

*Nathaniel Gay Anderson*  
(Exactly as used at present time)

\* If married woman sign maiden name here also \_\_\_\_\_

Subscribed and sworn to before me this 30th day of May, 19 78  
 at Kershaw, S.C.  
 (County) (State) (L.S.)  
*Bobbie Jean Stover*  
 Notary Public  
 My Commission expires nov. 18, 1980  
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	SS#224-52-1225 U.S. Pub. Health Ser. Notification of Pers. Action-Retirement	Florence, S.C.	11/14/69
2	Appl. Metropolitan Life Ins. Pol#23797799A	New York, N.Y.	12/19/59
3	Sister's Birth Record #139-20-004937	Columbia, S.C.	2/21/20
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 2/7/22			
2 2/7/22	Cassatt, S.C.		
3		L.T. Anderson	Malissie Womack
4			

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

Registrar:

Date filed:

*Doris M. Byars*  
*June 5, 1978*

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.

*Bobbie Jean Stover, Deputy Co. Registrar*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

Nathaniel Anderson

Filing fee collected