

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-051138

City of Birth		County of Birth		GEORGETOWN	
Name at Birth	LILLIE SMALLS	Sex	FEMALE	Date of Birth	JULY 06, 1922
Full Name		FATHER		Race or Color	
SAM SMALLS				BLACK	
Birth Date		Place of Birth	State or Country	SOUTH CAROLINA	
Maiden Name		MOTHER		Race or Color	
MAGGIE STEELE				BLACK	
Birth Date		Place of Birth	State or Country	SOUTH CAROLINA	

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

Lillie S. Owens

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 24th day of October 1985
 at Atlantic N.J. Florence E. Browne
 (County) (State) (L.S.) Notary Public

My Commission expires MY COMM. EXP. JAN. 7, 1987NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 SISTER'S BIRTH CERT. #139-26-022047	COLUMBIA, SC	7-28-26
2 PHYSICIAN ST. CHARLES E. WILSON	NEW JERSEY	1976
3 PROGRESSIVE LIFE INS. #M52541	NEW JERSEY	8-01-69
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		SAM SMALLS	MAGGIE STEELE
2 7-06-22	GEORGETOWN, SC		
3 47 YRS. OLD			
4			

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

Registrar: Ann A. Owens, pDate filed: November 5, 1985

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.

Florence E. Browne, Deputy Registrar
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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