

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048998

City of Birth <b>Neeses</b>	County of Birth <b>Orangeburg</b>
Name at Birth <b>Lew Wallace Bolin</b>	Sex <b>Male</b> Date of Birth <b>Jul 26 1923</b>
FATHER	
Full Name <b>Michael M Bolin</b>	Race or Color <b>White</b>
Birth Date	Place of Birth <b>SC</b> State or Country
MOTHER	
Maiden Name <b>Annie H Williams</b>	Race or Color <b>White</b>
Birth Date	Place of Birth <b>SC</b> State or Country

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

*Lew Wallace Bolin*  
 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 18th day of Jan, 19 84  
 at Orangeburg, SC (County) (State) (L.S.)  
*Cornelia A Clayton*  
 Notary Public  
 My Commission expires May 9 1988  
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sibling B/C #139-21-008962	Orangeburg, SC	May 9 1921
2 S.C.Hwy.Dept.Motor Vehicles #1038882	Columbia, SC	Apr 17 1961
3 Southland Life Ins.Co.Pol.#77-108031	Dallas, Tx.	May 1 1958
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		<b>Michael W. Bolin</b>	<b>Annie H Williams</b>
2 Jul 26 1923			
3 Jul 26 1923	<b>Neeses, SC</b>		
4			

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

Registrar: *Ann D. Owens*Date filed: *January 25, 1984*

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.

*Cornelia A Clayton Dep Reg*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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