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4-24-56 ats

DELAYED CERTIFICATE OF BIRTH  
Vital Statistics - State Board of Health  
SOUTH CAROLINA

22 050094

Birth No. 139 - ~~22-032268~~

STATE OF **Texas** (L. S.) County of Birth **York**  
COUNTY OF \_\_\_\_\_ City of Birth **Fort Mill**  
Name at Birth **DOSHIE ELIZABETH MILLIKEN** Sex **FEMALE** Date of Birth **AUGUST 28, 1922**

Full Name **Ben H. Milliken** FATHER Race or Color **White**  
Birth Date **March 28, 1896** Place of Birth { State or Country } **South Carolina**

MOTHER  
Maiden Name **Bertha O. Boyd** Race or Color **White**  
Birth Date **May 22, 1898** Place of Birth { State or Country } **Gainsville, Texas**

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 21 YEARS OF AGE

*Elizabeth Whitel*  
(Exactly as used at present time)  
*Elizabeth Milliken*  
day of *May* 19 *56*  
*Jessie McKinnon*  
Notary Public

\*If married woman sign maiden name here also  
Subscribed and sworn to before me this *7th*

NOTARY  
SEAL

My commission expires *June 1st, 1957*

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Appli. for Social Security, #443-07-9263	Baltimore, Md.	Dec. 11, 1938
2 Appli. Prudential Ins. Co. of Amer. #394816277	Newark, N. J.	Nov. 23, 1939
3 Employment Record, Neiman-Marcus Co.	Texas	June 25, 1945
4 Family Bible	U. S. A.	old

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 8-28-22	Fort Mill, S. C.	Ben H. Milliken	Bertha Ola Boyd
2 8-28-22			
3 8-28-22			
4 8-28-22	Fort Mill, SC		

Date Filed **June 1, 1956**

Registrar **Thos. P. Lesesne**

(SEE INSTRUCTIONS ON REVERSE SIDE)

*Norma H. Buff* Sec.  
Signature and Title of Reviewing Officer

Form VS-6