

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048781

City of Birth		County of Birth		Lexington	
Name at Birth	CLASSIE MYRA FELDER	Sex	Female	Date of Birth	Nov 26, 1923
Full Name		FATHER		Race or Color	
Birth Date		Place of Birth	State or Country		
Maiden Name		MOTHER		Race or Color	
Sara Felder				Black	
Birth Date	July 18, 1909	Place of Birth	State or Country	SC	

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 Classie m King
(Exactly as used at present time)* If married woman sign maiden name here also Classie m FelderSubscribed and sworn to before me this Third day of July, 19 80at Richland South Carolina
(County) (State) (L.S.)NOTARY
SEALMichelle E. Shealy
Notary Public
My Commission expires May 5, 1988

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 US Census Record #1k 3-068-902	Washington DC	Apr 1, 1930
2 Appl. for Voters Registration #40-582-287-008	Columbia SC	Oct 3, 1967
3 Mother's Death Certificate #63-009786	VR Columbia SC	Jun 5, 1963
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Age: 6	SC		
2 11/26/23	Lexington SC		
3			Sara Felder (Fulks)
4			

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

Registrar: Agnes L. OwensDate filed: July 3, 1980

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.

Evelyn Brown, Info Clerk II
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE