

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-051053

City of Birth		County of Birth		HAMPTON	
Name at Birth		Sex		Date of Birth	
VIOLA HUGHEY		FEMALE		JAN 20 1922	
Full Name		FATHER		Race or Color	
JIM NEWTON HUGHEY				WHITE	
Birth Date		Place of Birth		State or Country	
1896				S C	
Maiden Name		MOTHER		Race or Color	
LILLIE VIOLA DELOACH				WHITE	
Birth Date		Place of Birth		State or Country	
1902				S C	

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

*Viola Benton*  
 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 10 day of FEBRUARY, 1984  
 at HAMPTON SOUTH CAROLINA  
 (County) (State) (L.S.)  
*Marie A. Roue*  
 Notary Public  
 My Commission expires JULY 13 1989  
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Del. BR of Sister-#139-28-046992--	Columbia, S. C.	07-05-77
2 Statement Hampton General Hospital--	Varnville, S. C.	12-29-71
3 Public Savings Life Ins. Pol. #LIF801528--	Fort Worth, Texas	08-30-74
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Jim Newton Hughey	Lillie Viola DeLoach
2 January 20, 1922-Hampton Co., S.C.		Jim Hughey	Lillie DeLoach
3 Age 52			
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 RP*

Date filed:

*March 2, 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.

*Joqueline J. Jordan, D.C.*

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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