

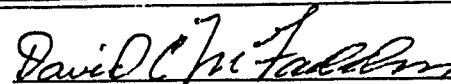
DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -23-049031

City of Birth	Gable	County of Birth	Clarendon
Name at Birth	David C. McFadden	Sex	Male
		Date of Birth	Aug 11 1923
Full Name	David E. McFadden	FATHER	
		Race or Color	White
Birth Date		Place of Birth	S.C.
		State or Country	
Maiden Name	Alice Mae Baker	MOTHER	
		Race or Color	White
Birth Date		Place of Birth	S.C.
		State or Country	

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



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 15th day of August, 1984
 at Clarendon, S.C.
 (County) (State) (L.S.)
 NOTARY SEAL
 My Commission expires 2/7/90
 Notary Public Louise W. Spivey

DO NOT WRITE BELOW THIS LINE

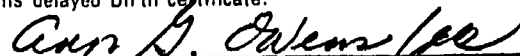
ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Parent's Marriage License # 5172	Manning, S.C.	Sep 20 1921
2 Own Marriage License # 24-131	Manning, S.C.	Jul 13 1945
3 U. S. Army Service Record # 34-653-742	Ft Jackson, S.C.	4-27-43
4		

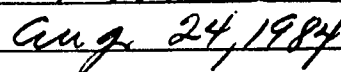
Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		David E. McFadden	Alice Mae Baker
2 21 yrs			
3 8-11-23	Gable, S.C.		
4			

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

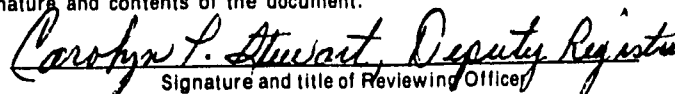
Registrar:



Date filed:



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.



Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

0451