

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -23-049041

City of Birth	Cope	County of Birth	Orangeburg
Name at Birth	Allien Salley	Sex	Female
		Date of Birth	Jun 17 1923
Full Name	Alick Salley	FATHER	
		Race or Color	Black
Birth Date		Place of Birth	SC
		State or Country	
Maiden Name	Hattie May Simpson	MOTHER	
		Race or Color	Black
Birth Date		Place of Birth	SC
		State or Country	

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

*Allien Higgins*  
 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 24th day of Jul, 1984  
 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 #139-24-005570	Orangeburg, SC	Feb 9 1924
2 Own Marriage License # (no Number)	Bamberg Co., SC	Apr 10 1943
3 Voter's Reg. Cert. #1127,	Orangeburg Co., SC	Aug 2 1965
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Alick Salley	Hattie May Simpson
2 19 yrs. old			
3 Jun 17 1923	Cope, SC		
4			

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

Registrar: *Ann J. Owens*Date filed: *Sept 28, 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

0021