

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139—

STATE OF	South Carolina	(L.S.)	County of Birth	Dillon
COUNTY OF	Dillon		City of Birth	Lake View
Name at Birth	EMILY LUCILLE WATTS	Sex	Female	Date of Birth March 27, 1922
Full Name		FATHER		Race or Color
Birth Date		Place of Birth	(State or Country)	
Maiden Name	Addie Watts	MOTHER		Race or Color White
Birth Date	Unknown	Place of Birth	(State or Country)	South Carolina

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

*If married woman sign maiden name here also

Subscribed and sworn to before me this

NOTARY
SEAL

Emily Lucille (W) Watts
Exactly as used at present time
Emily Lucille Watts
day of November 1976
Deane N. Sherman
Notary Public

My commission expires

9-18-83

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place Issued	Date Filed
1	Social Security Appl. #248-30-6876	Baltimore, Md.	1930-42
2	Liberty Life Ins. Co. #4910190	Greenville, S. C.	9-2-57
3	Dixiana Mills Employment Record	Dillon, S. C.	8-27-63
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 3-27-22	Lake View, S. C.		Addie Watts
2 36 (age next birthday)			
3 41			
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.

Dep. Co. Reg.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE