

DELAYED CERTIFICATE OF BIRTH

22 050539

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139

City of Birth	Conway	County of Birth	Horry
Name at Birth	Marie Long	Sex	Female
		Date of Birth	August 11, 1922
Full Name	Joe Long	FATHER	Race or Color Black
Birth Date	Unknown	Place of Birth	South Carolina
		State or Country	
Maiden Name	Ruth Cochran	MOTHER	Race or Color Black
Birth Date	Unknown	Place of Birth	South Carolina
		State or Country	

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

Marie Long Count
(Exactly as used at present time)

* If married woman sign maiden name here also

Marie Long

Subscribed and sworn to before me this

7th

day of

July

1977

at

Horry
(County)

SC
(State)

(L.S.)

Doris T. Maddox
Notary Public

NOTARY
SEAL

My Commission expires

Dec. 20, 1980

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Conway Hospital, Inc. Record	Conway, S. C.	6-14-1965
2 St. Paul Missionary Bapt. Church	Conway, S. C.	10-9-1938
3 Parents Marriage Baptisma ^l Record	Conway, S. C.	4-25-1917
4 License #1663		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 8-11-1922	Horry County		
2 8-11-1922			
3		Joe Long	Ruth Cochran
4			

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

Registrar:

Doris M. Bryan

Date filed:

7-15-77

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]
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE