

This certificate must be filled in with black ink or typewriter

GEORGIA DEPARTMENT OF PUBLIC HEALTH

ATLANTA, GEORGIA

DELAYED CERTIFICATE OF BIRTH

1. Full Name at Time of Birth W.H.Outlaw 2. Social Security Number _____

3. Color White 4. Sex Male 5. Date of Birth September 25, 1912

6. Place of Birth Berrien County, Georgia 7. Present Address Nashville, Georgia

8. Father's Full Name Lucious Outlaw 9. Father's Birthplace Berrien County, Georgia

10. Mother's Maiden Name Della Sutton 11. Mother's Birthplace Berrien County, Georgia

AFFIDAVIT

STATE Georgia
COUNTY Berrien

I hereby declare upon oath that the above statements are true.

Applicant's Signature W.H.Outlaw

Sworn and subscribed to before me this June 11, 19 57.

Signature Byrd Griner

Title Ord. B. Co. Ga. 12-31, 19 60

Please Do Not Write Below This Line

Date Commission Expires

ABSTRACT OF SUPPORTING EVIDENCE		Date Original Document Was Made
Name and Kind of Document, and By Whom Issued and Signed		
1.	Notarized affidavit made by sister, 60, of applicant before <u>Christine W. Outlaw, N.P. Ga. State at Large</u>	<u>May 16, 1957</u>
2.	School Record made by <u>E. Meredith</u> and giving facts as stated above	<u>1930</u>
3.	Life Ins. Policy issued by <u>State Mutual Ins. Co.</u> and giving birthdate of applicant	<u>May 20, 1940</u>
4.		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENTS LISTED ABOVE

Date of Birth or Age	Birthplace	Name of Father	Maiden Name of Mother
1. <u>Sept. 25, 1912</u>	<u>Berrien Co. Ga.</u>	<u>Lucious Outlaw</u>	<u>Della Sutton</u>
2. <u>Sept. 25, 1912</u>	<u>Berrien Co. Ga.</u>	<u>Lucious Outlaw</u>	<u>Della Sutton</u>
3. <u>Sept. 25, 1912</u>	<u>Georgia</u>	<u>Not Stated</u>	<u>Not Stated</u>
4.			

This Court, being fully advised by the evidence abstracted above, said evidence conforming to the minimum requirements set forth by the regulations of the Georgia Department of Public Health, does hereby determine the time and place of birth of W.H.Outlaw to be as above shown.

Done this 11 day of June, 19 57.

Byrd Griner
(Ordinary) (~~Deputy Ordinary~~)

County of Berrien

File No. 10-867-1644

CERTIFIED COPY

STATE OF GEORGIA

County of Berrien

Date June 25, 1964

I hereby certify that the foregoing is a true and correct copy of a record on file in this office.

SEAL

ADM-5.16

(Signed) Byrd Griner

(Ordinary)

(Health Officer)