

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 Addie Christine Watson
2. Social Security Number
3. Color White 4. Sex Female 5. Date of Birth January 9, 1918
6. Place of Birth Berrien County, Georgia 7. Present Address Nashville, Georgia
8. Father's Full Name Mark Ancil Watson 9. Father's Birthplace Berrien County, Georgia
10. Mother's Maiden Name Addie Gertrude Fountain 11. Mother's Birthplace Toombs County, Georgia

AFFIDAVIT

STATE Georgia
COUNTY Berrien

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

Applicant's Signature Addie Christine Watson (Outlaw)

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

Signature Byrd Griner

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

Please Do Not Write Below This Line

Date Commission Expires

Table with 2 columns: Name and Kind of Document, and By Whom Issued and Signed; Date Original Document Was Made. Rows include Notarized affidavit, School Record, and Family Bible Record.

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENTS LISTED ABOVE

Table with 4 columns: Date of Birth or Age, Birthplace, Name of Father, Maiden Name of Mother. Rows list birth details for Addie Christine Watson.

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 Addie Christine Watson (Outlaw) to be as above shown.

Done this 11 day of June, 19 57.

Byrd Griner

(Ordinary) (Deputy Ordinary) X

County of Berrien

File No. 10-862-1643

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 (Handwritten signature)

(Ordinary)

(Health Officer)