

ALABAMA STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS
 DELAYED CERTIFICATE OF BIRTH

1. Full name at birth *Annie Ward Bayol* 2. Sex *Female*
 3. Place of birth *Selma Dallas* State of *Alabama* 4. Date of birth *Oct. 23 1890*
 (City, Town or Rural) (County) Month Day Year

THE FATHER THE MOTHER
 5. Full name *Augustus Edward Bayol* 8. Full name before marriage *Frances Margarita Palma*
 6. Birth Place *Demopolis, Ala.* 7. Color *White* 9. Birth Place *Milton, La.* 10. Color *White*

AFFIDAVIT BY REGISTRANT—I hereby declare upon oath that the above statements about my birth are true and correct.
 (Signed) *Annie Ward B. Holloway* Full address *1323-14 Ave, Tuscaloosa, Ala.*
 Sworn to and subscribed before me this the *15* day of *May*, 19*59*.
 (Seal) My commission expires *Feb 1963* For State of *Ala* County of *Tuscaloosa*
Paul L. Kennedy Notary Public

AFFIDAVIT BY CLOSE RELATIVE (Or Other Person)—I hereby declare upon oath that I know the applicant and that the above statements are true to the best of my knowledge and belief—for the following reasons: *she is my mother. All my life she has been told she above her birth date. No person other than she is available.*
 (Signed) *Miss Helen Taylor* Full address *1323-14 Ave, Tuscaloosa, Ala.*
 Sworn to and subscribed before me this the *15* day of *May*, 19*59*.
 (Seal) My commission expires *Feb 1963* For State of *Ala* County of *Tuscaloosa*
Paul L. Kennedy Notary Public

(DO NOT WRITE BELOW THIS LINE)

SUPPORTING EVIDENCE Date Original Document Was Made
 Description of Documents and By Whom Issued and Signed

1	Child's Birth Certificate: B.V.S. 1919-Vol. 28-Page 207	6-2-1919
2	Child's Birth Certificate: B.V.S. 1924-Vol. 4 - Page 1838	Jan. 22, 1924
3	Photostatic copy of page from family Bible	Not Shown

Information Concerning Registrant as Abstracted from Above Listed Documents

Birth Date or Age	Birthplace	Name of Father	Name of Mother
1 Age last birthday: <i>28</i> / <i>Ala.</i>		<i>Not Shown</i>	<i>Not shown</i>
2 Age last birthday: <i>33</i> / <i>Ala.</i>		<i>Not Shown</i>	<i>Not Shown</i>
3 <i>Oct. 23, 1890</i> / <i>Selma, Ala.</i>		<i>A. E. Bayol</i>	<i>F. M. Bayol</i>

I hereby certify that on the *16* day of *June*, 19*59*, this record was filed together with evidence described in the abstract.
Raeph W. Roberts By *Olcia S. Hain*
 State Registrar of Vital Statistics Authorized Clerk in the Bureau

CERTIFIED COPY OF RECORD
 THE ABOVE IS AN EXACT COPY OF THE ORIGINAL RECORD FILED IN THE BUREAU OF VITAL STATISTICS, ALABAMA DEPARTMENT OF HEALTH.

ISSUED ON **June 16, 1959** AT MONTGOMERY, ALABAMA

Raeph W. Roberts
 State Registrar

Countersign:

Maud Jorman
 Certifying Clerk

Not Valid Unless Countersigned and Imprinted With Seal

CERTIFICATE OF BIRTH
 STATE OF ALABAMA
 Bureau of Vital Statistics
 STATE BOARD OF HEALTH

Place of Birth *Jefferson Pt.*
 Registration District No. *16-Ham.* Registered No. *15-18*
 (1) Name of Child *Albert Bayol Holloway* (No. *922-12 St.*) (Ward)
 (2) Sex *Male* (3) Date of Birth *Jan 22, 1954*
 (4) Age *40* (5) Parents Married *Yes* (6) Date of Birth of Mother *Jan 22, 1914*
 (7) Name of Father *William David Holloway* (8) Name of Mother *Annie Ward Bayol*
 (9) Present Postoffice of Mother *922-12 St. Sel.*
 (10) Color *White* (11) Age at Last Birthday *30*
 (12) Birthplace *Ala.* (13) Occupation *Homemaker*
 (14) Occupation *Indoor worker*
 (15) Number of children born to mother including present birth *8*
 (16) Number of children of this mother now living including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was born *Ala.* at *6:58* a.m. on the date above stated.
 (17) Signature *Alfred S. Hain* (18) Address of Physician or Midwife *1100 N. 21st St. Sel.*
 (19) Date *Jan 22, 1954*
 (20) Witness *Alfred S. Hain*
 (21) Filed *DR. J. D. DOWLING*

CERTIFIED COPY OF RECORD
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ISSUED ON **Apr 1959** AT MONTGOMERY, ALABAMA

Raeph W. Roberts
 State Registrar

Olcia S. Hain
 Certifying Clerk

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