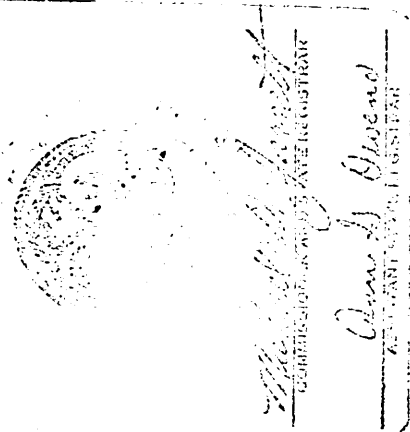


No. 054293

CERTIFIED COPY
 HEREBY CERTIFY THIS IS A TRUE COPY
 OF THE ORIGINAL CERTIFICATE ON FILE
 IN THE OFFICE OF VITAL RECORDS, AND
 IN THE BUREAU OF HEALTH AND
 STATISTICS OF S. C.

FEB. 13, 1959



DELAYED CERTIFICATE OF BIRTH
 Division of Vital Statistics - State Board of Health
 STATE OF SOUTH CAROLINA Birth No. 139 -

18 046296

STATE OF Georgia (L. S.) County of Birth Hampton
 COUNTY OF Bulloch City of Birth Estill
 Name at Birth Robert Epling-Howard Peeples Sex male Date of Birth 13 January 1918

FATHER

Full Name Robert Rhodes Peeples Race or Color white
 Birth Date 4 March 1890 Place of Birth { State or Country } South Carolina

MOTHER

Maiden Name Margaret Anne Folk Race or Color white
 Birth Date 2 December 1894 Place of Birth { State or Country } Texas

The above statements are true to the best of my knowledge and belief.
 SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 21 YEARS OF AGE: Robert E. H. Peeples
 (Exactly as used at present time)

*If married woman sign maiden name here also.

Subscribed and sworn to before me this Twentieth day of September, 1957

NOTARY SEAL

Philip L. Gallagher
 Notary Public, Bulloch County, Georgia
 My commission expires Commission Expires Feb. 11, 1958

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Vol.	Place Issued	Date Issued
1 Brother's Original Birth Record	45-28005	Hampton Co., SC	8-28-20
2 Honorable Discharge-U. S. Army		Ft. McPherson, Ga.	8-7-42
3 S. C. Driver's License No. 416763		Columbia, SC	7-1-49

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Robert Peeples	Margaret A. Folk
2 1-13-18	Estill, S. C.		
3 1-13-18			

Date Filed 9-23-54
 Registrar Thos. P. Lesesne

Inez H. Comer Delayed Record Clerk
 Signature and Title of Reviewing Officer



UNITED STATES DEPARTMENT OF STATE

BIRTH AFFIDAVIT

Completed affidavits will be retained by Passport Services. Copies desired should be made at the time of execution.

When an acceptable birth certificate cannot be obtained for a person born in the United States, a birth affidavit, accompanied by a notice from appropriate authorities indicating no birth record exists, may be submitted with an application for a passport. The birth affidavit form may also be submitted in conjunction with other birth records.

The birth affidavit should be made by a person who has knowledge of the date and place of birth of the person whose birth in the United States is to be proved. The affidavit shall state briefly how and through what source the knowledge was acquired. It is preferred that the affidavit be made by an older blood relative although it may be made by the attending physician or any other person who has personal knowledge of the birth.

NAME OF PERSON WHOSE BIRTH IN THE UNITED STATES IS TO BE PROVED Robert Epting-Howard Peeples	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON
PERSON'S PLACE OF BIRTH (City and state) Estill, South Carolina	PERSON'S DATE OF BIRTH (Month, day, year) 13 January 1918	
PERSON'S PRESENT RESIDENCE (Street address, city, state and ZIP code) IF DECEASED, SO STATE 8 Moon Shell Road Hilton Head Island, South Carolina 29928	RELATIONSHIP TO OR BASIS OF YOUR KNOWLEDGE REGARDING THIS PERSON Cousin	

GIVE COMPLETE FACTS ON WHICH THE PLACE AND DATE OF BIRTH ARE BASED. IF AFFIANT IS NOT CLOSELY RELATED TO PERSON WHOSE BIRTH IN THE U.S. IS TO BE PROVED, STATE HOW AND THROUGH WHAT SOURCE THE PERSONAL KNOWLEDGE WAS ACQUIRED (Continue on reverse, if necessary.) **Robert Epting-Howard Peeples was born 13 January 1918 in my mother's residence on Fourth Street between Clarke Avenue and Lawton Avenue in Estill, South Carolina, the first child of Robert Rhodes and Margaret Anne (Folk) Peeples. Dr. F. Asbury Lawton was the attending physician.**

NOTE: A severe penalty is provided in Title 18, Section 1542, United States Code, for the falsification of applications for passports, or of affidavits or other documents to be used in connection therewith.

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a United States passport or related facility, and to properly administer and enforce the laws pertaining thereto.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a court order; and, as set forth in Part 171, Title 22, Code of Federal Regulations (See Federal Register, Volume 42, pages 49791 through 49795).

Failure to provide the information requested on this form may result in the denial of a United States passport, related document, or service to the individual seeking such passport, document, or service.

I, the undersigned, do solemnly swear (or affirm) that the above information given by me is true and correct to the best of my knowledge and belief.

Thelma G. Clarke

(Printed or typed name of affiant)

Thelma G. Clarke

(Signature of affiant)

189 N. Lawton Avenue, Estill, S.C. 29918

(Address of affiant: number and street, city, state and ZIP code)

(Identifying document submitted by affiant: type of document, date of issuance or expiration, serial number)

Subscribed and sworn to (affirmed) before me this **3rd** day of **April**, 19 **89**

Gandy Johnson
(Passport Agent, Postal Employee, Clerk of Court, Notary Public) at **Estill, SC**

MY COMMISSION EXPIRES **9-8-1994**

TO REMOVE CARD—CAREFULLY SEPARATE FORM

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
 Division of Vital Records, Columbia, S. C.
 ANY ALTERATION OR ERASURE VOIDS THIS CARD

DATE ISSUED Jan 16 1980	BIRTH NO. 139- 18-046296
NAME *ROBERT EPTING-HOWARD PEEPLES*	
BIRTH DATE Jan 13 1918	SEX Male
BIRTH PLACE—COUNTY Hampton	FILE DATE Sep 23 1954

This is a true certification of name and birth facts recorded in this office.

BY *Janqueline J. Parker* DEPUTY REGISTRAR
Albert J. Remondelli M.D. COMMISSIONER AND STATE REGISTRAR
 Hampton COUNTY

DO NOT LAMINATE CARD

IMPORTANT DOCUMENT

THIS BIRTH CERTIFICATION CARD IS VALUABLE PROTECT IT.

Note: Please record your birth number and indicate your number on any correspondence directed to the South Carolina Department of Health and Environmental Control.

The birth certification card is an official document issued by the South Carolina Department of Health and Environmental Control as legal proof of the recorded facts of birth.

AMERICAN BANK NOTE COMPANY.

EDMUND G. BROWN
GOVERNOR

STATE OF CALIFORNIA
DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS

HAROLD J. POWERS
DIRECTOR

Board of Nursing Education and Nurse Registration

THE UNDERNOTED HAVING PAID THE RENEWAL FEE IS HEREBY LICENSED
AS A

Registered Nurse

EXPIRATION DATE			RENEWAL NUMBER
MONTH	DAY	YEAR	
01	31	68	320497

PEEPLES CORA M
FOLLY FIELD
HILTON HEAD ISLAND S C

LICENSE NUMBER
57961

Michael R. Buggif R. 77
EXECUTIVE SECRETARY

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS (SEE REVERSE SIDE REGARDING RENEWAL)

COMMONWEALTH OF VIRGINIA

STATE DEPARTMENT OF HEALTH, RICHMOND



CERTIFICATE OF MARRIAGE

I, Alexander C. Zabriskie, a clergyman
OF THE Protestant Episcopal CHURCH, OR RELIGIOUS ORDER
OF THAT NAME, DO CERTIFY THAT ON THE 18th DAY OF December, 1948,
AT Theological Seminary, Alexandria, VIRGINIA UNDER AUTHORITY OF A LICENSE ISSUED BY
Elliott F. Hoffman CLERK OF THE Corporation COURT OF Alexandria CITY
OR COUNTY, STATE OF VIRGINIA, DATED THE 8th DAY OF December, 1948,
I JOINED TOGETHER IN THE HOLY STATE OF MATRIMONY:
Robert Spring Howard Peoples HUSBAND, AND Cora Selma McKenzie, HIS WIFE.
GIVEN UNDER MY HAND THIS 18th DAY OF December, 1948.

Alexander C. Zabriskie

(PERSON WHO PERFORMS CEREMONY SIGN HERE.)