| AndI.,do hereby bind. myself an | d my Heirs. Executors and Administrators to |
|--|---|
| . warrant and forever defend all and singular the said Pren | |
| L. E. Reid, his | |
| Heirs and Assigns, ag | gainstmyselfandmy |
| Heirs and against every person whomsoever lawfully clai | |
| WITNESS A hand and seal, this | • |
| | |
| in the year of our Lord one thousand nine hundred and. | |
| in the one hundred and seventy-second | year of the Independence of the |
| United States of America. Signed, sealed and delivered in the presence of | |
| ble of the last | E'a Craigo (L. S.) |
| Melen C Gull | |
| Zanne fallar | (L. S.) |
| (| (L. S.) |
| | (L. S.) |
| , | |
| · | |
| . THE STATE OF SOUTH CAROLINA, | • |
| · · · · · · · · · · · · · · · · · · · | |
| Greenville County | c piehl and made oath |
| · | C. piehl and made oath |
| That S he saw the within named E. L. Craigo | at 1 the state of the section and that 8 ha |
| Sign, seal and ashisact and do | |
| withEugene.Pollard | witnessed the execution thereof. |
| Sworn to before me this14thday | |
| May | Kelen C Grehl |
| / allew (L.S.) | |
| Notary Public for South Carolina. | |
| | · |
| | |
| THE STATE OF SOUTH CAROLINA, | Renunciation of Dower |
| GREENVILLECounty | couth Carolina |
| Eugene Pollard, a Notary Public for S | do hereby certify unto |
| all whom it may concern that Mrs Lois C. Crai | go the wife of the |
| within named . E. L. Craigo | |
| me, and upon being privately and separately examined and without any compulsion, dread or fear of any pe | by me. did declare that she does freely, voluntarily erson or persons whomsoever, renounce, release and |
| forever relinquish unto the within named L. E. | Reid, his |
| | and estate, and also all her right and claim of Dower |
| of, in or to all and singular the Premises within mention | |
| Given under my hand and seal, this14th | |
| | Lais Chaigo |
| muel follow (L. S.) | |
| Notary Public for South Carolina. | , . |
| Tiplary I done for court any | |
| Recorded May 14, 1948 at 10: | |