| And do hereby bin Myself, My Heirs, Executors and Admini | |
|--|-------------|
| warrant and forever defend all and singular the said Premises unto the said. | strators to |
| their Heirs and Assigns and Mo | |
| Heirs and against every person whomsoever lawfully claiming or to claim the same or any part | y · |
| WITNESS. Mand and seal this | thereof |
| in the year of our Lord one thousand nine hundred and Horly - Nine | review |
| in the one hundred and | nce of the |
| United States of America. Signed, sealed and delivered in the presence of | |
| Elizabeta G. Bares | |
| Jae a. Thillips 6 | (L. S.) |
| | (L. S.) |
| •••••••••••••••••••••••••••••••••••• | (L. S.) |
| | |
| | |
| THE STATE OF SOUTH CAROLINA, | |
| PERSONALLY appeared before me Elizabeth & Water | |
| That She saw the within named Command and m | ade oath |
| Sign, seal and asact and deed deliver the within written deed, and the | iat "Dhe |
| with foe a. Ahillips witnessed the execution thereof | ,- , |
| Sworm to before me thisday | |
| of September A. D. 1949 Elizanth L. Ba | tee |
| Notary Public for South Carolina. | |
| | |
| THE STATE OF SOUTH CAROLINA, | |
| Renunciation of Down | |
| Joe a Phillips, Watery Subtic do hereby certi | fy unto |
| the wife | |
| me, and upon being privately and separately appearable and upon being privately and separately appearable and separately appearable and separately appearable and separately appearable appearable appearable and separately appearable | r before |
| me, and upon being privately and separately examined by me, did declare that she does freely, vol and without any compulsion, dread or fear of any person or persons whomsoever, renounce rela | ara and |
| forever relinquish unto the within named Shoda B. and Lavred II | olley. |
| of, in or to all and singular the Premises within mentioned and released. | Dower |
| | <i></i> |
| day of September A. D. 1949 Dollie | ' [|
| Joe a Phillips (15) | |
| Notary Public for South Carolina. | |
| Recorded October 3rd. 1949 at 11:49 A. M. #23359 | |
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