MAHKERSLEY ₹31 PH 80 MEMORIAL MEDICAL DRIVE 10 > RECORDING TOO -The undersigned hereby acknowledge that I am (we are) the owner(s) of the property shown and described hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent and that I (we) establish the minimum building restriction lines, and hereby dedicate to bublic use as roads, streets, and easements, forever all areas so shown or indicated on said plat. MEMORIAL MEDICAL
ASSOCIATES
OWNER "I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations for Greenville County, with the exception of such variances, if any, as are noted in the minutes of the Greenville County Planning Commission of Greenville County, South Carolina, and that it has been approved for recording in the office of the County Register of Mense Conveyance."

County Register of Mense Conveyance.

DIRECTOR OF PLANNING COMMISSION

GREENVILLE COUNTY PLANNING COMMISSION nder my supervision) (an actual survey made under my supervision) from (an actual survey made under my supervision) from (an actual survey nade by me) (deed description recorded in Book Page ook Page etc.) (other); that the error of closure as calculated by that the boundaries not surveyed are shown as roken lines plotted from information found in Book Page; that this lat was prepared in accordance with the Greenville County Subdivision Regulations as donted. CERTIFICATE OF OWNERSHIP AND DEDICATION C. Registration No. Dempsey 5t CERTIFICATE OF APPROVAL FOR RECORDING MEMORIAL M SUMMARY CERTIFICATE OF ACCURACY FILE NUMBER SCALE. Signed 70 Signed Signed M. M. C. Signed Signed LICENSED ENGINEER OR REGISTERED SURVEYOR P MEDICAL <u>30</u>. SURVEYOR DATE: 5/20/80 $oldsymbol{r}^{o'}_{oldsymbol{e}}$ 0 0

With the