

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050886

City of Birth \_\_\_\_\_ County of Birth **BAMBERG**

Name at Birth **ORBIE BROWN** Sex **Male** Date of Birth **Feb 22, 1922**

FATHER

Full Name **Neely Brown** Race or Color **White**

Birth Date **D/K** Place of Birth State or Country **South Carolina**

MOTHER

Maiden Name **Sylvester Fail** Race or Color **White**

Birth Date **D/K** Place of Birth State or Country **South Carolina**

The above statements are true to the best of my knowledge and belief.

*Archie Brown*

LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERED IS UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this 6th day of Aug, 1981

at Bamberg S C *Theresa R. Regel*  
(County) (State) (L.S.) Notary Public

My Commission expires Mar 19 1990NOTARY  
SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 US Naval Service Separation paper #552-31-81	Charleston SC	Dec 14 1943
2 Edward's Incomp Employment record (no #)	Charleston, S. C.	Oct 01 1948
3 Brother's birth cert # Amended 17-035719	Bamberg S C	Oct 20 1917
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 2-22-22	Bamberg S C		
2 Feb 22 1922			
3		Neely Brown	Sylvester Fail
4			

I hereby certify that no prior birth certificate is on file for the person named on this delayed birth certificate.

Registrar: *Ann L. Owens*Date filed: *Aug. 19, 1981*

I have reviewed the evidence submitted to establish the facts of birth. The abstract of the evidence appearing above accurately reflects the nature and contents of the document.

*Theresa R. Regel*

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE