

DELAYED CERTIFICATE OF BIRTH
Vital Statistics - State Board of Health
SOUTH CAROLINA

16 093613

Birth No. 139 - ~~15 045031~~

STATE OF	New York	(L. S.)	County of Birth	Florence
COUNTY OF	Frie		City of Birth	Lake City
Name at Birth	WILBUR MAXWELL	Sex	Male	Date of Birth
				May 27, 1916

FATHER

Full Name	Marshall Maxwell	Race or Color	Negro
Birth Date	Place of Birth	{ State or } { Country }	South Carolina

MOTHER

Maiden Name	Minnie Wilson	Race or Color	Negro
Birth Date	Place of Birth	{ State or } { Country }	South Carolina

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

Wilbur Maxwell
(Exactly as used at present time)

*If married woman sign maiden name here also

Subscribed and sworn to before me this 11th day of January, 1960

NOTARY SEAL

John W. Suggden
Notary Public
Henry Police, State of New York
Columbia, L. I. Co.

My commission expires

DO NOT WRITE BELOW THIS LINE

My Commission Expires March 30, 1962

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Board of Elections Records, Ward 5#151	Buffalo, NY	1944
2 Daughter's birth record#3682, Dist. 1401	Buffalo, NY	May 3, 1941
3 Appli. Mutual Life Ins. Pol. #2-5341	Syracuse, NY	Feb. 1, 1941
4 Marriage Cert. and Affi. No. 9691	Brooklyn, NY	June 4, 1940

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 28 yrs.			
2 24 years	Lake City, SC		
3 5-27-1916	South Carolina		
4 5-27-1916	Lake City, SC	Marshall Maxwell	Minnie Wilson

Date Filed November 23, 1960

Registrar *W. S. [Signature]*

Nanna H. Buff

Signature and Title of Reviewing Officer

Sec.

(SEE INSTRUCTIONS ON REVERSE SIDE)

Form VS-6

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