

DELAYED CERTIFICATE OF BIRTH
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139—

22 050326

STATE OF	S. C.	(L. S.)	County of Birth	Lee
COUNTY OF	Lee		City of Birth	
Name at Birth	IDA MAE ROGERS	Sex	FEMALE	Date of Birth
				SEPT. 21, 1922
Full Name	Troy Rogers	FATHER	Race or Color	White
Birth Date		Place of Birth	(State or Country)	S. C.
Maiden Name	Janie Stevens	MOTHER	Race or Color	White
Birth Date		Place of Birth	(State or Country)	S. C.

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 18 YEARS OF AGE

Ida Mae R. Boykin

(Exactly as used at present time)

*If married woman sign maiden name here also

Ida Mae Rogers

Subscribed and sworn to before me this

26

day of

APR.

19 76

NOTARY
SEAL*Puckey C. Carleton*

Notary Public

My commission expires

9/19/82

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 SS appl. 250-28-4680	Baltimore, Md.	6/15/41
2 Independent Life Ins. Pol. #H1811357	Jacksonville, Fla.	9/30/57
3 Marriage lic. of appl.	Lee County, S. C.	2/8/42
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 9/21/22	Lee County	Troy Rogers	Janie Stevens
2 Age 36 next birthday			
3 Age 19			
4			

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

Registrar:

William M. Rogers

Date filed:

4/29/76

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.

*Puckey C. Carleton*Dep. Co. Reg.
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE