

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-049014

City of Birth Estill		County of Birth Hampton	
Name at Birth JOHN ROBERTS	Sex Male	Date of Birth 3-15-23	
Full Name Scott Roberts		Race or Color Bk.	
Birth Date		Place of Birth	State or Country S.C.
Maiden Name Eugenia Hopkins		Race or Color Bk.	
Birth Date		Place of Birth	State or Country S.C.

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

John R. Roberts
 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 1st day of May, 19 84
 at Clarendon, S.C.
 (County) (State) (L.S.)
 NOTARY SEAL
 My Commission expires 2/7/90
 Notary Public *Louise W. Spartz*

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Social Security Application 249-26-3513	Baltimore, Md	1-13-41
2 Own Marriage License # 21462	Manning, S.C.	2-28-58
3 Child's Birth Record #139-58-053590	Columbia, S.C.	12-9-58
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 3-15-23	Estill S.C.	Scott Roberts	Eugenia Hopkins
2 34yrs			
3 35 yrs.			
4			

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

 Registrar: *Ann H. Owens*
 Date filed: *May 15, 1984*

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.

Carolyn P. Stewart
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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