

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
FATHER	
Full Name Scott Roberts	Race or Color Bk.
Birth Date	Place of Birth State or Country S.C.
MOTHER	
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.)
Louise W. Spartz
 Notary Public
 My Commission expires 2/7/90
 NOTARY SEAL

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

0451
0402