

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048840

City of Birth		County of Birth		Florence	
Name at Birth	ANNIE LORENE WILSON		Sex	Female	
		FATHER		Date of Birth	Sept. 22, 1923
Full Name	Charlton Leon Wilson		Race or Color	White	
Birth Date	Place of Birth	State or Country	South Carolina		
		MOTHER		Race or Color	White
Maiden Name	Bertha Welch		State or Country	South Carolina	
Birth Date	Place of Birth	State or Country	South Carolina		

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

*Annie W. 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 first day of May, 19 81  
 at Florence, South Carolina  
 (County) (State) (L.S.)  
*Joe C. Maurer*  
 Notary Public  
 My Commission expires January 20, 1987  
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sister's birth cert. #139-21-028346	Columbia, SC	Aug. 15, 1921
2 Son's birth cert. #139-47-058345	Columbia, SC	Jan. 27, 1948
3 Florence General Hospital patient rec.	Florence, SC	Jan. 22, 1974
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Charlton Leon Wilson	Bertha Welch
2 Age 24	Florence County		
3 9-22-23			
4			

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

Registrar:

Date filed:

*Ann L. Owens*  
*May 14, 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.

*Joe C. Maurer* Deputy Registrar II  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE