

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	Date of Birth	Sept. 22, 1923
Full Name		FATHER		Race or Color	
Charlton Leon Wilson				White	
Birth Date		Place of Birth	State or Country	South Carolina	
Maiden Name		MOTHER		Race or Color	
Bertha Welch				White	
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.)

Lee C. Maurer
 Notary Public

My Commission expires January 20, 1987NOTARY
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:

Ann S. Owens

Date filed:

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.

Lee C. Maurer

Deputy Registrar II

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE