

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -23-049180

City of Birth		County of Birth <b>Kershaw</b>	
Name at Birth	<b>Lucille Bell</b>	Sex	<b>Female</b>
		Date of Birth	<b>June 25 1923</b>
Full Name		<b>Will Bell</b>	FATHER
		Race or Color	<b>Black</b>
Birth Date		Place of Birth	<b>South Carolina</b>
		State or Country	
Maiden Name	<b>Carry Beckham</b>	MOTHER	
		Race or Color	<b>Black</b>
Birth Date		Place of Birth	<b>South Carolina</b>
		State or Country	

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

*Lucille Bell Sutton*  
 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

*2012*

day of

*Dec.*, 19 *88**Cheshire, S.C.*

(County)

(State) (L.S.)

*David H. Freeman*

Notary Public

NOTARY  
SEAL

My Commission expires

*1-23-90*

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Sister's Birth Cert. #139-24-044459	VRPHS-Columbia, SC	Dec 31 1924
2 Social Security appl. #248-68-3544	Baltimore, MD	Jun xx 1958
3 Independent Life Ins Co. Pol#03238590	Jacksonville, FL	Apr 09 1962
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Will Bell	- - Beckham
2 06-25-1923	Kershaw, SC	Will Bell	Carry B Beckham
3 39 Nxt Birthday			
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: January 09, 1989

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.

*Jo Ann S. Gooding*Signature and title of Reviewing Office  
Supervisor of Certification
 Lucille Bell 12-05-88 jo Misc 88  
 SEE INSTRUCTIONS ON REVERSE

0243