

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050837

City of Birth **Rock Hill** County of Birth **York**

Name at Birth **Ned Earline Wisner** Sex **Male** Date of Birth **5-2-22**

Full Name **John W. Wisner** FATHER Race or Color **White**

Birth Date **1-26-96** Place of Birth **York** State or Country **South Carolina**

Maiden Name **Annie M. Dill** MOTHER Race or Color **White**

Birth Date **8-26-00** Place of Birth **York** State or Country **South Carolina**

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN

IF UNDER 18 YEARS OF AGE

Ned E. Wisner
(Exactly as used at present time)

* If married woman sign maiden name here also

Subscribed and sworn to before me this 17th day of November, 19 80
at York (County) S.C. (State) (L.S.) *Judy Howe* Notary Public
NOTARY SEAL My Commission expires 12-20-84

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 U. S. Naval Discharge #552 35 53	Charleston, S.C.	12-6-45
2 Parent's Marriage License no #	York Co., S.C.	7-2-19
3 Son's Birth Cert. #139-55-022359	Columbia, S.C.	4-1-55
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 5-2-22	Rock Hill, S.C.		
2		John W. Wisner	Annie Dill
3 32 yrs.	York Co., S.C.		
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 H. Owens
Dec. 9, 1980

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.

Signature and title of Reviewing Officer

Susan L. Self, M.D.

SEE INSTRUCTIONS ON REVERSE