

**DELAYED CERTIFICATE OF BIRTH**

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**  
 Birth No. 139-22-051218

City of Birth	CHESTERFIELD	County of Birth	CHESTERFIELD
Name at Birth	LANEY JOHN WATTS	Sex	MALE
Date of Birth	JUNE 22 1922		
Full Name	ROBERT WATTS	FATHER	Race or Color BLACK
Birth Date	UNKNOWN	Place of Birth	SOUTH CAROLINA
Maiden Name	CALLIE D LEAK	MOTHER	Race or Color BLACK
Birth Date	UNKNOWN	Place of Birth	SOUTH CAROLINA

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

*John W. Watts*  
 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 28th day of DECEMBER, 1993  
 at CHESTERFIELD, SOUTH CAROLINA  
 (County) (State) (L.S.)  
*Janice J. Sowell*  
 Notary Public  
 My Commission expires APRIL 23 1996

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE		
Kind of Document	Place Issued	Date Filed
1 Own marriage record No#	Chesterfield SC	OCT 11 1979
2 Bureau of Census Record #3-018-293	Washington DC	APR 01 1930
3 Brother's Birth Record #139-34-021976	Columbia SC	AUG 04 1934
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 JUN 22 1922	South Carolina		
2 age 7	South Carolina	Robert Watts	Callie D Watts
3		Robert Watts	Callie Leak
4			

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

Registrar: *Rebecca A. Godwin*  
 Date filed: December 29, 1993

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.

*Janice J. Sowell, JCR*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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