

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050988

City of Birth		County of Birth		YORK	
Name at Birth		Sex		Date of Birth	
ALBIRTHA RATCHFORD		FEMALE		January 1, 1922	
FATHER					
Full Name		Race or Color		NEGRO	
Neely Ratchford					
Birth Date		Place of Birth		State or Country	
Unknown		South Carolina		South Carolina	
MOTHER					
Maiden Name		Race or Color		Negro	
Bessie Crawford					
Birth Date		Place of Birth		State or Country	
Unknown		South Carolina		South Carolina	

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

*Albirtha Ratchford Barnett*  
 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 4th day of March, 19 83  
 at York, South Carolina  
 (County) (State) (L.S.) *Judith A. Harrison*  
 Notary Public  
 My Commission expires November 23, 1986  
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Brothers B/C #139-20-025976	York County, S.C.	July 30, 1920
2 Son's B/C #Vol 31 Page 579	Gastonia, N. C.	October, 1944
3 Employment Record (Pharr Yarns)	McAdenville, N. C.	1966
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Neely Ratchford	Bessie Crawford
2 22 yrs	South Carolina		
3 1/1/22			
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 G. Owens*  
*Mar. 16, 1983*

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

*Judith A. Harrison*

SEE INSTRUCTIONS ON REVERSE