

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048984

City of Birth <b>Manning</b>		County of Birth <b>Clarendon</b>	
Name at Birth <b>BERTHA HATTIE SMITH</b>	Sex <b>Female</b>	Date of Birth <b>8-06-23</b>	
FATHER		Race or Color <b>Bk</b>	
Full Name <b>Handy Smith</b>	State or Country <b>S.C.</b>		
Birth Date	Place of Birth		
MOTHER		Race or Color <b>Bk</b>	
Maiden Name <b>Lillie Carter</b>	State or Country <b>S.C.</b>		
Birth Date	Place of Birth		

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

*Bertha H. Johnson*  
 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 3rd day of October, 1983  
 at Clarendon, S.C.  
 (County) (State) (L.S.)  
 NOTARY SEAL  
 My Commission expires 2/2/90  
 Notary Public

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	Parent's Marriage License # 5214	Manning, S.C.	10-28-21
2	Own Marriage License # 15,620	Manning, S.C.	12-30-44
3	Clarendon Mem. Hospital Record	Manning, S.C.	11-02-67
4			

  

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1			Handy Smith	Lillie Carter
2	21yrs			
3	8-06-23	Clarendon County	Handy Smith	Lillie Carter
4				

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

Registrar: Ann G. Owens MDDate filed: October 10, 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.

*Carolyn R. Stewart*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

1162