

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048984

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

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 *Louise W. Smith*

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 D. Owens* RP
 Date 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 Deputy Registrar
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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