

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-049183

City of Birth	Bowman	County of Birth	ORANGEBURG
Name at Birth	JULIUS LEWIS	Sex	MALE
Date of Birth	APRIL 01, 1923		
Full Name	DAVID LEWIS	FATHER	
Birth Date		State or Country	S. C.
Maiden Name	FRANCIS JOHNSON	MOTHER	
Birth Date		State or Country	S. C.
Race or Color	BLACK		

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

*Julius Lewis*

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 08TH day of FEB, 1989  
 at ORANGEBURG SC  
 (County) (State) (L.S.)  
 NOTARY SEAL  
*Myra T. Strickland*  
 Notary Public  
 My Commission expires MAR 06, 1994

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Medical Rec. Orangeburg Regional Hosp.	Orangeburg, SC	01-01-1984
2 Appl Voter's Registration Card #1775646	Orangeburg Co. SC	05-13-1978
3 Bro's Birth Rec. #139-21-002032	Orangeburg Co. SC	01-24-1921
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 04-01-1923	Orangeburg Co. SC	David Lewis	Francis Johnson
2 04-01-1923	Bowman, SC		
3		David Lewis	Francis Johnson
4			

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

Registrar: *Ann M. Owens*  
 Date filed: February 21, 1989

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.

*Myra T. Strickland, Dep. Reg.*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

1877