

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-24-051115

City of Birth		County of Birth	
		Chester	
Name at Birth	Sex	Date of Birth	
Ida Bell Glenn	Female	Oct. 16, 1922	
FATHER			
Full Name	Place of Birth	State or Country	Race or Color
Frank Glenn		S. C.	Black
Birth Date	Place of Birth	State or Country	
		S. C.	
MOTHER			
Maiden Name	Place of Birth	State or Country	Race or Color
Peechantee Thomas		S. C.	Black
Birth Date	Place of Birth	State or Country	
March 20, 1896		S. C.	

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

Ida G. Clark
 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 Dec., 1984at Chester, S. C.
(County) (State) (L.S.)NOTARY
SEAL

My Commission expires

Notary Public

Aug. 12, 1991

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Fed. Census Record #1 2-032-397	Washington, D. C.	4-1-1930
2 Daughter's B. C. Reg. Dis. #4401, Reg. #60 York Co., S. C.	York Co., S. C.	12-10-1940
3 Mother's Death Cert. #693	Columbia, S. C.	5-28-53
4 Kentucky Central Life Ins. Pol. #771100048	Lexington, Kentucky	3-14-77

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Age 7	S. C.	Frank Glenn	Peechantee (Glenn)
2 Age 18	Chester Co.		Peechantee Thomas (Glenn)
3			
4 10-16-22			

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

Registrar:

Date filed:

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

SEE INSTRUCTIONS ON REVERSE

0552