

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050647

City of Birth		County of Birth		Aiken	
Name at Birth	MARGARET EVELYN TURNER		Sex	Female	Date of Birth
					October 15, 1922
Full Name			FATHER		Race or Color
Chester Turner					white
Birth Date	1880	Place of Birth	State or Country	S.C.	
Maiden Name			MOTHER		Race or Color
Maggie Elizabeth Bell					white
Birth Date	July 28, 1880	Place of Birth	State or Country	S.C.	

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN

IF UNDER 18 YEARS OF AGE

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 2nd day of August, 19 78  
 at Richland South Carolina  
 (County) (State) (L.S.)

Notary Public  
May 5, 1988  
 My Commission expires

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Father's death cert. #34-010140	Columbia, S.C.	7-13-34
2 Mother's death cert. #70-001526	Columbia, SC	2-22-70
3 Liberty Life Ins. Pol. #3169487	Greenville, S.C.	5-29-44
4 Aiken Comm. Hospital Record	Aiken, S.C.	1-30-66

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Chester Turner	
2			Maggie Elizabeth Bell
3	22 ntbd.		Chatman Turner
4	10-15-22 (43 yrs.)	Aiken, S.C.	Maggie E. Turner

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