

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050726

City of Birth	County of Birth			York
Name at Birth	FLORIE CROSBY	Sex	Female	Date of Birth
Full Name		FATHER	Race or Color	
James Crosby			Negro	
Birth Date	Unknown	Place of Birth	State or Country	South Carolina
Maiden Name		MOTHER	Race or Color	
Bessie Good			Negro	
Birth Date	Unknown	Place of Birth	State or Country	South Carolina

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 X

(Exactly as used at present time)

* If married woman sign maiden name here also X

Subscribed and sworn to before me this 28th day of May, 1979
 at York, South Carolina
 (County) (State) (L.S.)
 NOTARY SEAL
 My Commission expires November 23, 1986
 Notary Public

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sisters B/C #139-25-024941	York County, S. C.	July 24 1925
2 Daughters B/C #139-48-029073	York County, S. C.	July 21, 1948
3 Employment Record (S. Tracy Ferguson)	York, South Carolina	February, 1974
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		James Crosby	Bessie Good
2 25 yrs	Sharon, S. C.		
3 11/22/22			
4			

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