

## DELAYED CERTIFICATE OF BIRTH

### SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-051101

City of Birth		County of Birth	Florence
Name at Birth	WILBUR ROBINSON	Sex	Male
		Date of Birth	Nov. 22, 1922
Full Name		Leroy Robinson	
FATHER		Race or Color	Black
Birth Date	Place of Birth	State or Country	South Carolina
MOTHER			
Maiden Name	Rosa Brockington	Race or Color	Black
Birth Date	Place of Birth	State or Country	South Carolina

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

*Wilbur Robinson*  
 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 1 day of October, 1984  
 at Florence, SC (County) (State) (L.S.)  
*Alta G. Lewis*  
 Notary Public  
 My Commission expires October 15, 1989  
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sister's birth cert. #139-28-003711	Columbia, SC	Feb. 15, 1928
2 Sun Life Ins. Co. #M75032052	Baltimore, MD	Mar. 01, 1975
3 Wm. J. Sullivan patient rec	Baltimore, MD	Jul. 12, 1948
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Leroy Robinson	Rosa Brockington
2 Nov. 22, 1922	Florence, SC		
3 Nov. 22, 1922			
4			

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

Registrar: Anne S. OwensDate filed: October 4, 1984

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.

*Alta G. Lewis*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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