

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-051137

City of Birth <b>Lugoff</b>		County of Birth <b>Kershaw</b>	
Name at Birth <b>MABEL WOOD</b>	Sex <b>Female</b>	Date of Birth <b>Dec. 31, 1922</b>	
Full Name <b>Ruben Wood</b>		FATHER	Race or Color <b>Black</b>
Birth Date	Place of Birth	State or Country <b>S.C.</b>	
Maiden Name <b>Mattie Harrell</b>		MOTHER	Race or Color <b>Black</b>
Birth Date	Place of Birth	State or Country <b>S.C.</b>	

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

*Mabel Wood Harrell*  
 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

*24th*

day of

*July**1985*

at

*NEW YORK*  
(County)*NY*  
(State)

(L.S.)

My Commission expires

*Tamara B. [Signature]*  
NOTARY PUBLIC IN THE STATE OF NEW YORK

No. 41-1018357

Qualified in Orange County  
Term expires March 30, 1987

NOTARY

SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Appl. for SS Acct. #175-24-6159	Baltimore, Md.	11/15/46
2 L & H Trio Corp. Employment Record (no#)	New York, NY	7/16/73
3 Harlem Hospital Rec., O.P.D. #624657	New York, NY	2/11/80
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 12/31/22	Lugoff, Kershaw Co., SC	Ruben Wood	Mattie Harrell
2 12/31/22			
3 12/31/22			
4			

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

Registrar:

*Ann H. Rivers, db*

Date filed:

**AUGUST 28 1985**

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.

*Robin Jean Starn, Deputy Co.*  
 Signature and title of Reviewing Officer  
*Registrar*

SEE INSTRUCTIONS ON REVERSE

*1251*