

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-051137

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

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

Michel Wood Gresham
 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 _____
 Notary Public in and for the State of New York
 No. 41-101837
 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 S. Kwan, 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 Stone, Deputy Co.
 Signature and title of Reviewing Officer
 Registrar

SEE INSTRUCTIONS ON REVERSE

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