

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050821

City of Birth	Ruffin	County of Birth	Colleton
Name at Birth	CLIFTON IRIEL	Sex	Male
		Date of Birth	Oct 29 1922
Full Name	John Charles Iriel	FATHER	Race or Color White
Birth Date	Aug 06 1886	Place of Birth	State or Country S.C.
Maiden Name	Sarah Waltener Smoak	MOTHER	Race or Color White
Birth Date	Feb 16 1886	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

*Clifton Iriel*  
(Exactly as used at present time)

\* If married woman sign maiden name here also \_\_\_\_\_

Subscribed and sworn to before me this 22 day of Sept, 1980  
 at Colleton S.C.  
 (County) (State) (L.S.)  
 NOTARY SEAL  
*Jaqueline A. Hudson*  
 Notary Public  
 My Commission expires Nov 13 1989

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Colleton Regional Hospital Off. Rec.	Walterboro, S.C.	Feb 15 1962
2 Liberty Life Ins. Comp. PN 831539	Greenville, S.C.	Apr 27 1931
3 Bro B.C. 139-16-067944	Walterboro, S.C.	Aug 10 1916
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Oct 29 1922	Colleton Co.		
2 9 next			
3		John Charles Iriel	Sarah Waltener Smoak
4			

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

Registrar:

*Ann G. Owens*

Date filed:

*Sept. 30, 1980*

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.

*Jaqueline A. Hudson*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE