

# DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL

Birth No. 139 —

22 050465

STATE OF	South Carolina	(L. S.)	County of Birth	York
COUNTY OF	York		City of Birth	Clover, S. C.
Name at Birth	Martha Louise Turner	Sex	Female	Date of Birth January 04, 1922
Full Name	Lenny Hope Turner	FATHER		Race or Color White
Birth Date	Apr 28 1891	Place of Birth	{ State or Country }	South Carolina
Maiden Name	Annie Mabel Hanna	MOTHER		Race or Color White
Birth Date	May 02 1895	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 21 YEARS OF AGE

*Martha I Wiggins*  
(Exactly as used at present time)

\*If married woman sign maiden name here also

*Martha Louise Turner*

Subscribed and sworn to before me this 9 th

day of July 1976

NOTARY

SEAL

*Lennie B. Maloney*  
Notary Public

My commission expires January 28 1986

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Marriage License #55076	York County, S. C.	10-16-40
2 Hugh E Tyner, M. D. office record	Gastonia, N. C.	06- -70
3 Brother's B/C 20-025973	York County, S. C.	07-28-20
4 The Life Ins. Co of Va. P#1106188	Richmond, Virginia	07-31-67

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 18 yrs old			
2 01-04-22			
3		Lenny Hope Turner	Anna Mabel Hanna
4 01-04-22	South Carolina		

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

Registrar:

*Dawn M. Byars*

Date filed:

7-19-76

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.

*Lennie B. Maloney, Clerk III*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE