

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050834

City of Birth	<u>Inman</u>	County of Birth	<u>Spartanburg</u>
Name at Birth	<u>Judy Wilson (TWIN)</u>	Sex	<u>Female</u>
		Date of Birth	<u>Aug 13 1922</u>
Full Name	<u>Thomas Powell Wilson</u>	FATHER	Race or Color <u>White</u>
Birth Date	<u>Unknown</u>	Place of Birth	State or Country <u>South Carolina</u>
Maiden Name	<u>Virginia Ruth Crawford</u>	MOTHER	Race or Color <u>White</u>
Birth Date	<u>Unknown</u>	Place of Birth	State or Country <u>South Carolina</u>

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

\* If married woman sign maiden name here also

Subscribed and sworn to before me this Sixteenth day of October, 19 80  
 at Spartanburg, South Carolina  
 (County) (State) (L.S.)

NOTARY  
SEALMy Commission expires April 18, 1988

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 <u>Cert. Reeves Bros. Inc. Mills Mill</u>	<u>Spartanburg, S. C.</u>	<u>Jan 14 1947</u>
2 <u>Life &amp; Casualty Ins. Policy #19603672</u>	<u>Nashville, Tenn.</u>	<u>Dec 31 1956</u>
3 <u>Family Security Plan #31306-2</u>	<u>Spartanburg, S. C.</u>	<u>Oct 20 1952</u>
4 <u>Sister's Birth Record, D-22-049723</u>	<u>Spartanburg Co., S.C.</u>	<u>Sep 11 1939</u>

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 <u>Aug 13 1922</u>	<u>Inman, S. C.</u>	<u>Thomas Powell Wilson</u>	<u>Ruth Crawford (Wilson)</u>
2 <u>35 nxt. Bd.</u>			
3 <u>31 nxt. Bd.</u>			
4		<u>Thomas Powell Wilson</u>	<u>Virginia Ruth Crawford</u>

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

Registrar: Ann D. OwensDate filed: Oct. 28, 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.

Sara B. Jones, Clerk  
 Signature and title of Reviewing Officer

VR Spartanburg CHD

SEE INSTRUCTIONS ON REVERSE