

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-050789

City of Birth _____ County of Birth **Clarendon County**

Name at Birth **Cybal Willowese Ridgeway** Sex **Female** Date of Birth **Jan. 10, 1922**

FATHER

Full Name **Charles Nettles Ridgeway** Race or Color **White**

Birth Date **August 25, 1889** Place of Birth **Clarendon** State or Country

MOTHER

Maiden Name **Naomi Irene Bryant** Race or Color **White**

Birth Date **May 16, 1893** Place of Birth **Clarendon** State or Country

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

10th

day of

April

1980

at

Clarendon

(County)

(State)

(L.S.)

Notary Public

My Commission expires

4-23-89

NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place issued	Date Filed
1	Sister's birth record #31-038325	BVS Columbia, SC	1/18/32
2	Driver's license statement #0328611	Columbia, SC	5/25/61
3	Clarendon Memorial Hospital record	Manning, SC	12/26/72
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Charles Nettles Ridgeway	Naomi Irene Bryant
2	1/10/22		
3	1/10/22	Clarendon Co., SC	Charles N. Ridgeway
4			Naomi Bryant

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

Registrar: Gunn A OwensDate filed: April 11, 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.

Michelle W Shady - Info Clerk
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE