

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048771

City of Birth **Crocketville** County of Birth **Hampton**

Name at Birth **GENEVA GIVENS** Sex **Female** Date of Birth **Sep 03 1923**

Full Name **Berry Givens** FATHER Race or Color **Black**

Birth Date **1898** Place of Birth **South Carolina** State or Country

Maiden Name **Carrie Mingo** MOTHER Race or Color **Black**

Birth Date **1901** Place of Birth **South Carolina** 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 ☒ *Bonnie Coak*

(Exactly as used at present time)

* If married woman sign maiden name here also ☒ *Geneva Givens*

Subscribed and sworn to before me this **27th** day of **March**, 19 **80**

at **Hampton**, **South Carolina**

(County) (State) (L.S.)

NOTARY SEAL *Jaqueline Jordan* My Commission expires **March 28 1989**

Notary Public

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Parents' Marriage Record No. #	Hampton Co. S. C.	March 14 1920
2 Baptisma! Rec. Bethlehem Bapt. Church	Hampton, S. C.	Aug 12 1935
3 Own child's birth rec. #139-57-006066	Hampton Co., S.C.	Mar 8 1957
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Berry Givens	Carrie Mingo
2 Sep 03 1923	Crocketville, S. C.		
3 Sep 03 1923	Hampton Co., S. C.		Geneva Givens
4			

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

Registrar: *Ann H Owens*Date filed: *April 9, 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 Jordan **Dep. I.**

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE