

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

STATE FILE NO: 139 - 22 - 051260

City of Birth		County of Birth AIKEN	
Name at Birth	MATTIE ROSENA LYBRAND	Sex	FEMALE
		Date of Birth	APRIL 20 1922
Full Name	EMANUEL LEE LYBRAND	FATHER	Race WHITE
Birth Date	APRIL 26 1882	Place of Birth	State SOUTH CAROLINA
		Country	
Maiden Name	CORA LEE COLLINS	MOTHER	Race WHITE
Birth Date	JANUARY 12 1896	Place of Birth	State SOUTH CAROLINA
		Country	

The above statements are true to the best of my knowledge and belief.

Mattie L. Hallman
 LEGAL SIGNATURE OF PERSON REGISTERED, IF 18 YEARS
 OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF
 PERSON REGISTERED IS UNDER 18 YEARS OF AGE

Subscribed and sworn to before me this 27TH day of OCTOBER, 2003
 at RICHLAND SOUTH CAROLINA
(County) (State) (L.S.)
 NOTARY SEAL My Commission expires AUGUST 01 2005

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1. SIBLINGS BIRTH CERTIFICATE #139-24-017920	VR-COLUMBIA SC	JUNE 10 1924
2. VOTER REGISTRATION APPLICATION #0030206	AIKEN COUNTY SC	APRIL 30 1968
3. AIKEN SCHOOL DISTRICT RECORDS - AREA ONE NO #	AIKEN COUNTY SC	1936-1937
4.		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1.		EMANUEL LYBRAND	CORA LEE COLLINS
2. 04-20-22	AIKEN COUNTY SC		
3. 04-20-22		E L LYBRAND	
4.			

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

Registrar

Date filed OCTOBER 27 2003

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.

Signature and Title of Reviewing Officer