

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-051244

City of Birth <u>Charleston</u>	County of Birth <u>Charleston</u>
Name at Birth <u>Margaret Theora Williams</u>	Sex <u>Female</u>
Date of Birth <u>August 17 1922</u>	
<b>FATHER</b>	
Full Name	Race or Color
Birth Date	Place of Birth State or Country
<b>MOTHER</b>	
Maiden Name <u>Anna Williams</u>	Race or Color <u>Black</u>
Birth Date <u>March 11 1904</u>	Place of Birth State or Country <u>South Carolina</u>

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

*Margaret Williams*  
 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 20th day of August, 1999

at Richland South Carolina  
 (County) (State) (L.S.)

*Angela Nelson*  
 Notary Public

NOTARY  
 SEAL

My Commission expires 28 June 2009

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE		
Kind of Document	Place issued	Date Filed
1 Social Security Appl #249-20-7103	Baltimore MD	Apr XX 1940
2 SC Voter's Registration #0-226-325	Charleston SC	Sep 19 1980
3 Sibling's Birth Record #139-27-036190	VR Columbia SC	Nov 25 1927
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Aug 17 1922	Charleston SC		Anna Williams
2 Aug 17 1922			
3			Anna Williams
4			

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

Registrar: Angela Nelson

Date filed: 20 August 1999

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.

*Angela Nelson*

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

1411