DHEC 615-25M (Rev 12-80)

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

Birth No 139-22-051241

City of Birth	SALUDA	County of Birth	SALUDA		
Name at Birth	CARRIE BELLE GLENN	Sex	FEMALE	Date of Birth	MAR 09 1922

FATHER

Full Name	BERRY GLENN		Race or Color	BLK
Birth Date	JAN 07 1897	Place of Birth	State or Country	SOUTH CAROLINA

MOTHER

Maiden Name	BERNICE CAMPBELL		Race or Color	BLK
Birth Date	AUG 10 1901	Place of Birth	State or Country	SOUTH CAROLINA

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

Carrie Glenn Raifore

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 ___15th___ day of ___SEP___ , 19 _98_

at ___SALUDA___ , ___SOUTH CAROLINA___ (L S)
(County)   (State)

Jewell C. Scott
Notary Public

My Commission expires ___OCT 21 2007___

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	SOC SEC APPL #250-46-6943	BALTIMORE MD	JAN 1949
2	OWN MARRIAGE CERT. # 81	SALUDA SC	JUN 07 1942
3	SON'S BIRTH CERT # 156-53-332843	BROOKLYN NY	AUG 4 1953
4			

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1	MAR 09 1922	SALUDA	BERRY GLENN	BERNICE CAMPBELL
2	20 yrs			
3	31 yrs	SOUTH CAROLINA		
4				

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

Registrar *Josie Wood*

Date filed *9-38-98*

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.

Jewell C. Scott
Signature and title of Reviewing Officer

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