

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139

22-050780

City of Birth		County of Birth		Orangeburg	
Name at Birth		Sex		Date of Birth	
John William Fogle		Male		Dec 27 1922	
FATHER					
Full Name		Race or Color		White	
Zachariah Alonzo Fogle					
Birth Date		Place of Birth		State or Country	
		SC			
MOTHER					
Maiden Name		Race or Color		White	
Rubie Stack					
Birth Date		Place of Birth		State or Country	
		SC			

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

*John William Fogle*  
(Exactly as used at present time)

\* If married woman sign maiden name here also

Subscribed and sworn to before me this

4<sup>th</sup>

day of

Mar. 1980

at

*Orangeburg S.C.*  
(County) (State) (L.S.)

*Cornelia A. Clayton*  
Notary Public

NOTARY  
SEAL

My Commission expires

*May 9, 1988*

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 S.C. Hwy. Dept. Record: Dr. Lic. #454860 SC	Columbia, SC	May 5 1961
2 Life Ins. Co. of Ga. Pol. #W20312486	Atlanta, Ga.	Jun 27 1949
3 Bro. B/C #139-21-013168	Orangeburg, SC	May 8 1921
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Dec 27 1922	Orangeburg, SC		
2 27 N/B		Zachariah A. Fogle	
3		Zachariah Alonzo Fogle	Rubie Stack
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: *March 17, 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.

*Cornelia A. Clayton Dep. Reg.*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE