

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-049019

City of Birth		County of Birth <b>Orangeburg</b>	
Name at Birth	<b>James Robinson</b>	Sex	<b>Male</b>
		Date of Birth	<b>July 4, 1923</b>
Full Name		FATHER	Race or Color
<b>Bookertee Robinson</b>			<b>Black</b>
Birth Date	Place of Birth	State or Country	<b>S.C.</b>
Maiden Name		MOTHER	Race or Color
<b>Viola Amaker</b>			<b>Black</b>
Birth Date	Place of Birth	State or Country	<b>S.C.</b>

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

*James Robinson*  
 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 8<sup>th</sup> day of May, 1984  
 at Prine George Robinson Tar. Md. (County) (State) (L.S.)  
 My Commission expires 7/1/86  
 Notary Public

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

### ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Pol #	Place issued	Date Filed
1 Appl. Metropolitan Life Ins Co656901423M		Washington, DC	8-23-1965
2 Daughter's B/C #59-16918		Washington, DC	7-15-1959
3 Brother's B/C #139-22-008785		Orangeburg Co. SC	4-4-1922
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 7-4-1923	South Carolina		
2 Age 36	South Carolina		
3		<b>Bookertee Robinson</b>	<b>Viola Amaker</b>
4			

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

Registrar: Ann D. Owens RP

Date filed: May 25, 1984

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.

*Myra T. Strickland, Dep. Reg.*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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