

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

Birth No. 139-22-051237

City of Birth	County of Birth			Florence	
Name at Birth	Lewis Kennedy	Sex	Male	Date of Birth	October 24, 1922
Full Name		FATHER	Race or Color		
Whittemore B. Kennedy			Black		
Birth Date	unknown	Place of Birth	State or Country	South Carolina	
Maiden Name		MOTHER	Race or Color		
Annie Alsolum			Black		
Birth Date	unknown	Place of Birth	State or Country	South Carolina	

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

[Signature]
 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 24th day of March, 1998
 at Florence, South Carolina
 (County) (State) (L.S.) *[Signature]*
 Notary Public

My Commission expires October 25, 2003NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE			
Kind of Document	Place issued	Date Filed	
1 Sister's Birth Cert. #139-16-089811	VRPHS, Columbia, SC	JAN 05 1917	
2 US Census Report #213-20-1320	Washington, DC	APR 01 1940	
3 US Army Discharge Ser. # 42 091 002	Camp Gordon, GA	MAR 26 1946	
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		W. B. Kennedy	Annie Absolum
2 Age: 17		Whittemore Kennedy	Annie (Kennedy)
3 OCT 24 1922	Florence, SC		
4			

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

Registrar:

[Signature]

Date filed:

[Signature]
April 17, 1998

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]

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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