

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050838

City of Birth	Estill	County of Birth	Hampton	Date of Birth	February 26, 1922
Name at Birth	DAISY BELL WRIGHT	Sex	Female		
FATHER			Race or Color Black		
Full Name	Alex Wright	State or Country	S. C.		
Birth Date	Unknown	Place of Birth	S. C.		
MOTHER			Race or Color Black		
Maiden Name	Sarah David	State or Country	S. C.		
Birth Date	Unknown	Place of Birth	S. C.		

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

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 26th day of November, 1980  
 at Hampton, South Carolina  
 (County) (State) (L.S.)

NOTARY  
SEAL

My Commission expires

March 28, 1989

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

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Kind of Document	Place issued	Date Filed
1 Orig. Appl. So. Sec. #070-28-3921--	Baltimore, Md.	02-15-56
2 Own child BR-#139-59-028631--	Columbia, S. C.	07-01-59
3 BR of brother-#139-34-039277--	Columbia, S. C.	12-05-34
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 February 26, 1922-Estill, S.C.		Alex Wright	Sarah David
2 Age 37	South Carolina	Alex Wright	Sara David
3			
4			

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

Registrar

Date filed

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 and Title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE