

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

*Reguelina S. Jordan*  
Notary Public

*Daisy Wilson*  
(Exactly as used at present time)  
*Daisy Bell Wright*

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

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

*Ann D. Owens*  
*Dec 10, 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.

Signature and Title of Reviewing Officer

*Reguelina S. Jordan*  
*Deputy*

SEE INSTRUCTIONS ON REVERSE