

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-051014

City of Birth		County of Birth	Florence
Name at Birth	JOSEPH CLYDE GAINNEY	Sex	Male
		Date of Birth	Oct. 27, 1922
Full Name		FATHER	Race or Color
Ed Gainney			Black
Birth Date		Place of Birth	State or Country
		South Carolina	
Maiden Name		MOTHER	Race or Color
Laura Etta Bostick			Black
Birth Date		Place of Birth	State or Country

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

Joseph Clyde Gainney
 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 7 day of July, 19 83
 at Florence SC
 (County) (State) (L.S.) *Alta G. Lewis*
 Notary Public
 My Commission expires October 15, 1989
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE		
Kind of Document	Place issued	Date Filed
1 Father's death cert. #139-62-014854	Columbia, SC	Oct. 26, 1962
2 Mother's death cert. #139-61-008355	Columbia, SC	Jul 6, 1961
3 Own marriage Lic # D1161	Florence, SC	Nov. 19, 1947
4 US Army discharge #34 647 330	Camp Gordon. GA	Jan. 23, 1944
Birth Date or Age	Birth Place	Name of Father
1		Ed Gainney
2		
3 age 25		
4 Oct. 27, 1922	Florence County	
		Maiden Name of Mother
		Laura Etta Bostick

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

Registrar: *Ann Owens*Date filed: *July 13, 1983*

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.

Alta G. Lewis Deputy Registrar I
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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