

DELAYED CERTIFICATE OF BIRTH
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
 Birth No. 139 22-050816

City of Birth Georgetown	County of Birth Georgetown
Name at Birth William Canteen	Sex Male Date of Birth July 27, 1922
Full Name Jack Canteen	FATHER Race or Color Black
Birth Date Unknown	Place of Birth State or Country S. C.
Maiden Name Elnora Wilson	MOTHER Race or Color 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

William Canteen
 (Exactly as used at present time)

* If married woman sign maiden name here also

Subscribed and sworn to before me this **23rd** day of **July** 19**80**
 at **Georgetown S. C.**
 (County) (State) (L.S.) *Julius O. Wingate*
 Notary Public
 My Commission expires **Nov. 29, 1987**
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Employment Record International Paper Co.	Georgetown, S.C.	May 5, 1946
2 Appl. for Voter Registration #0415452	Georgetown, S. C.	Oct. 18, 1967
3 Record Georgetown Co. Hospital	Georgetown, S. C.	Oct. 20, 1967
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 7-27-22	Georgetown, S. C.		
2 7-27-22	Georgetown, S. C.		
3 7-27-22	Georgetown, S. C.	Jack Canteen	Elnora Wilson
4			

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

Registrar: *Jan H. Owens*

Date filed: *Sept. 23, 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.

Julius O. Wingate, Deputy
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE