

## DELAYED CERTIFICATE OF BIRTH

22 050801

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139

City of Birth	Spartanburg	County of Birth	Spartanburg
Name at Birth	PAUL FREEMAN CROCKER	Sex	Male
		Date of Birth	9/3/1922
Full Name	James W. Crocker	FATHER	Race or Color White
Birth Date	7/7/1884	Place of Birth	State or Country S.C.
Maiden Name	Maude Guest	MOTHER	Race or Color White
Birth Date	11/22/1890	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

(Exactly as used at present time)

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 15th day of March, 1977  
 at Cherokee, S.C.  
 (County) (State) (L.S.)

*Loell R. Webster*

Notary Public

Aug. 20, 1985

My Commission expires

NOTARY  
SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Orig. Soc. Sec. #249-24-4372	Baltimore, MD	12/15/40
2 Own Marr. Cert. Bk. 111 & Box 153	Cherokee Co., S.C.	12/24/1959
3 Application & Employment #38	Spartanburg, Co., SC	9/24/46
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Sep 3, 1922	Spartanburg Co.	James W. Crocker	Maude Guest
2 37yrs.			
3 Sep 3, 1922	Spartanburg Co.		
4			

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

Registrar:

Date filed:

*Doris M. Byars*  
*March 21, 1977*

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

*Loell R. Webster*

SEE INSTRUCTIONS ON REVERSE