

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-049022

City of Birth		County of Birth		AIKEN	
Name at Birth		Sex		Date of Birth	
HENRIETTA TOOLE		FEMALE		OCT 07 1923	
Full Name		FATHER		Race or Color	
JOHNNIE S. TOOLE				WHITE	
Birth Date		Place of Birth		State or Country	
Maiden Name		MOTHER		Race or Color	
EVIE A. JOHNSON				WHITE	
Birth Date		Place of Birth		State or Country	

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

*Henrietta T. Marks*  
 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 24 day of MAY, 1984  
 at AIKEN, S. C.  
 (County) (State) (L.S.) *Myrtle L. Foster*  
 Notary Public  
 My Commission expires JUN 28 1988

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sch rec(Aiken City Schools)	Aiken, S. C.	1938-39
2 Ins. po. (#394925)(Life and Casualty)	Nashville, TN	JUN 01 1948
3 Parents' mar. rec. #4,191	Aiken Co., S. C.	DEC 29, 1919
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 OCT 07 1923		J. S. Toole	
2 OCT 07 1923	Aiken, S. C.	Johnnie S. Toole	Evie A. Johnson
3			
4			

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

Registrar: *Gene J. Owens*Date filed: *June 4<sup>th</sup> 1984*

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.

*Myrtle L. Foster*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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