

DELAYED CERTIFICATE OF BIRTH

22-050537

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139

City of Birth	Cowpens	County of Birth	Spartanburg
Name at Birth	BESSIE LOUISE JOHNSON	Sex	Female
		Date of Birth	August 31, 1922
Full Name	Oscar Johnson	FATHER	
		Race or Color	White
Birth Date	Unknown	Place of Birth	State or Country S. C.
		MOTHER	
Maiden Name	Bessie Ovela Green		Race or Color White
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

Bessie Louise Johnson as used at present time

* If married woman sign maiden name here also

Subscribed and sworn to before me this

day of

19

at

(County)

(State) (L.S.)

Notary Public

NOTARY
SEAL

My Commission expires

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Limestone Manufacture Co. Employment rec.	Gaffney SC	3/15/45
2 Own marriage license #13,564	Cherokee Cty SC	12/11/42
3 Commonwealth Insur. Co. policy #751934	Louisville VA	11/14/27
4 Brother's birth record #139-32-044926	Columbia SC	9/5/47

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 8/31/22	Spartanburg SC		
2 20 yrs			
3 6 NBD			Ovela Johnson
4		Oss Johnson	Ovella Green

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

Registrar:

Date filed:

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

SEE INSTRUCTIONS ON REVERSE

77-019139-0 2-1-77