

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-048874

City of Birth		County of Birth		Newberry	
Name at Birth		Sex		Date of Birth	
ARMOUR JENNINGS GRIFFIN		MALE		JAN 11 1923	
Full Name		FATHER		Race or Color	
Oral Thomas Griffin				White	
Birth Date		Place of Birth		State or Country	
10-28-1895		Ind.			
Maiden Name		MOTHER		Race or Color	
Gladys Richardson				White	
Birth Date		Place of Birth		State or Country	
11-27-1898		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

*Armour Jennings Griffin*  
Exactly as used at present time

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 2nd day of December, 19 81at Newberry, S.C.  
(County) (State) (L.S.)

*Marian S. Roberts*  
Notary Public

NOTARY  
SEALMy Commission expires Nov. 13, 1990

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Parents marriage license Book B page 217	Newberry, S.C.	12-24-1917
2 Own marriage license Book J Page 333	Newberry, S.C.	10-12-1945
3 Liberty Life Ins. Pol App#4037192	Greenville, S.C.	4-24-50
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Oral Thomas Griffin	Gladys Richardson
2 Age 22			
3 1-11-23	Newberry Co., S.C.		
4			

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

Registrar:

*Ann J. Owens/CP*

Date filed:

*December 9, 1981*

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.

*Marian S. Roberts, Co. Reg.*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE