

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No 139 23-048834

City of Birth <b>Georgetown</b>		County of Birth <b>Georgetown</b>	
Name at Birth <b>Maudest Johnson</b>	Sex <b>Female</b>	Date of Birth <b>March 7, 1923</b>	
FATHER			
Full Name		Race or Color	
Birth Date	Place of Birth	State or Country	
MOTHER			
Maiden Name <b>Susan Johnson</b>	Race or Color <b>Black</b>		
Birth Date <b>Unknown</b>	Place of Birth	State or Country <b>S. C.</b>	

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

\* If married woman sign maiden name here also

Subscribed and sworn to before me this March 9, day of 1981  
 at Georgetown, S. C.  
 (County) (State) (L.S.)  
**NOTARY SEAL** *Bela O. Wingate* Notary Public  
 My Commission expires **November 29, 1987**

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 <b>Record Georgetown Co. Hospital</b>	<b>Georgetown, S. C.</b>	<b>May 19, 1969</b>
2 <b>Atlantic Coast Life Ins. Co. Policy #1825810</b>	<b>Georgetown, S. C.</b>	<b>6-28-54</b>
4 <b>Appl. for Voter Registration #0419133</b>	<b>Georgetown, S. C.</b>	<b>Dec. 28, 1967</b>

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 <b>3-7-23</b>	<b>Georgetown, S. C.</b>		<b>Susan Johnson</b>
2			
3 <b>32 Yrs. Next B'day</b>			
4 <b>3-7-23</b>	<b>Georgetown, S. C.</b>		

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