

## DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139-

22 050275

STATE OF South Carolina	(L.S.)	County of Birth	Greenville
COUNTY OF Greenville		City of Birth	Greenville
Name at Birth	Ansel David Anderson	Sex	Male
		Date of Birth	July 10, 1922
Full Name	David Anderson	FATHER	Race or Color
			White
Birth Date	October 6, 1878	Place of Birth	{ State or } { Country } South Carolina
Maiden Name	Mamie Turner	MOTHER	Race or Color
			White
Birth Date	March 14, 1888	Place of Birth	{ State or } { Country } South Carolina

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN,  
IF UNDER 21 YEARS OF AGE

*Ansel D. Anderson*  
 (Exactly as used at present time)

\*If married woman sign maiden name here also.

Subscribed and sworn to before me this 8th day of September, 1975NOTARY  
SEAL

*Margaret Katherine Brey*  
 Notary Public

My commission expires Feb. 16, 1981

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Sister's delayed birth cert.	Greenville, S. C.	Nov. 23, 1958
2 The Life Ins. Co. of Va. Pol. #K58129	Richmond, Va.	May 29, 1939
3 Son's birth cert. #139-44-035095	Columbia, S. C.	Oct. 3, 1944
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		David Anderson	Mamie Turner
2 July 10, 1922	S. C.		
3 22	Greenville, S. C.		
4			

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

Registrar:

Date filed:

*Howe M. Ryan (i)*  
 9-12-75

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.

*Katherine B. Brey*  
 Signature and title of Reviewing Officer  
 Deputy County Registrar

SEE INSTRUCTIONS ON REVERSE