

DELAYED CERTIFICATE OF BIRTH

South Carolina State Board of Health

22 050110

~~22 070429~~

Birth No. 139 -

STATE OF S. C. (L. S.) County of Birth YORK County
 COUNTY OF CHESTER City of Birth ROCK HILL
 Name at Birth KATHLEEN WILSON Sex FEMALE Date of Birth JAN-11-1922

FATHER
 Full Name LEE WILSON Race or Color WHITE
 Birth Date MARCH 2 1894 Place of Birth { State or }
 { Country }

MOTHER
 Maiden Name DAISY HUMPHRIES Race or Color WHITE
 Birth Date JAN-14 1896 Place of Birth { State or }
 { Country }

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

Kathleen Leonhardt
 (Exactly as used at present time)

*If married woman sign maiden name here also.

Subscribed and sworn to before me this 2nd day of STO. MARCH, 1970

NOTARY
 SEAL

My commission expires DEC 31 1979

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

ABSTRACT OF SOUTHERN LIFE

Kind of Document	Place Issued	Date Filed
1 Son's Birth Record #139-52-057865	Columbia, S. C.	Jan. 10, 1963
2 Employment Record-J.P.Stevens & Co, Inc.	Great Falls, S. C.	Oct. 24, 1946
3 Chester County Hospital Record	Chester, S. C.	Oct. 31, 1954
4 Brother's Birth Record 139-25-D12272	Columbia, S. C.	Jan. 9, 1952

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Age 30 yrs?	Rock Hill, S. C.		
2 Jan. 11, 1922		Lee Wilson	Daisy Humphries (Wilson)
3 Jan. 11, 1922			
4		Lee Wilson	Daisy Humphries

Date Filed

December 2, 1970

Registrar

Doris M. Byars

(SEE INSTRUCTIONS ON REVERSE SIDE)

Roberta M. Howell
 Signature and Title of Reviewing Officer

Delayed Records Clerk

Wilson, Kathleen
 York Co. 8-26-70
 70-019688