

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No 139 22-050857

City of Birth Woodruff		County of Birth Spartanburg	
Name at Birth RUTH ALMA FOSTER		Sex FEMALE	Date of Birth Jun 15, 1922
Full Name Grover Foster		FATHER	
		Race or Color Black	
Birth Date Feb 22, 1894	Place of Birth	State or Country South Carolina	
Maiden Name Lela Dandy		MOTHER	
		Race or Color Black	
Birth Date Oct 26, 1899	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 18 YEARS OF AGE

Ruth Alma Foster
(Exactly as used at present time)

* If married woman sign maiden name here also _____

Subscribed and sworn to before me this **26th**

at **Spartanburg** **South Carolina**
(County) (State) (L.S.)

NOTARY
SEAL

day of **March**, 19 **81**
Carlynn A. Mabry
Notary Public
My Commission Expires **Dec 1, 1990**

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Birth Cert. of Sister, 139-24-037350	Spartanburg, SC	Nov 14, 1924
2 Liberty Life Ins. Co. Pol. #1381199	Greenville, SC	Oct 22, 1934
3 Workman Mem. Clinic Patient Record	Woodruff, SC	Jun 15, 1922
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Grover Foster	Lela Dandy
2 Age: 12			
3 Jun 15, 1922	Woodruff, SC		
4			

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

Registrar: *Ann H. Owens*Date filed: *April 10, 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.

Carlynn A. Mabry DCR, Sptbg. Co.
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE