

DELAYED CERTIFICATE OF BIRTH

16 893564

Vital Statistics - State Board of Health
SOUTH CAROLINA

Birth No. 139 -

~~16 893564~~

STATE OF N.Y. (L. S.) County of Birth Edgefield
 COUNTY OF Queens City of Birth Johnston
 Name at Birth JAMES MILES Sex Male Date of Birth 4-25-1916

Full Name Peter Miles FATHER Race or Color Negro
 Birth Date 4-8-1883 Place of Birth { State or Country } S.C.

Maiden Name Ella Moten MOTHER Race or Color Negro
 Birth Date 7-15-1885 Place of Birth { State or Country } 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 21 YEARS OF AGE

James Miles
 (Exactly as used at present time)

*If married woman sign maiden name here also.

Subscribed and sworn to before me this 26th day of May, 1969NOTARY
SEALBARNET SCHATZ
Notary Public, State of New York
No. 24-3481500Qualified in Kings County My commission expires 3/30/71
Commission Expires ~~DO NOT WRITE~~ BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Daughter's Birth Record-156-53-414603	Dept. of Health City of New York	July 12, 1953
2 Military Record-U.S. Army(32 800 260)	Washington, D. C.	Feb. 10, 1943
3 Sister's Birth Record-139-17-004155	Columbia, S. C.	Feb. 14, 1917
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 age 37	Johnston, S. C.		
2 Apr. 25, 1916	Johnston, S. C.		
3		Peter Miles	Ella Moten
4			

Date Filed June 5, 1969Registrar Doris M. Byars
(SEE INSTRUCTIONS ON REVERSE SIDE) *ihc*

Inez H. Cromer
 Signature and Title of Reviewing Officer

Miles, James 69-010002
 Edgefield Co. 5-13-69

jlb