

DELAYED CERTIFICATE OF BIRTH

22 050531

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139

City of Birth	Union	County of Birth	Union
Name at Birth	Lonnie Copes Inman	Sex	male
		Date of Birth	Mar 3 1922
Full Name	Lonnie Copes Inman	FATHER	
		Race or Color	White
Birth Date	Unknown	Place of Birth	South Carolina
		State or Country	
Maiden Name	Alice Henderson	MOTHER	
		Race or Color	White
Birth Date	Unknown	Place of Birth	South Carolina
		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 18 YEARS OF AGE

Lonnie Copes Inman
(Exactly as used at present time)

* If married woman sign maiden name here also _____

Subscribed and sworn to before me this 24th day of May, 19 77
at Richland, South Carolina
(County) (State) (L.S.)

Mary Drake
Notary Public
April 1, 1987

NOTARY
SEAL

My Commission expires _____

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place Issued	Date Filed
1	Prudential Ins. Pol. Appl. #H50-193-468	Newark, New Jersey	2-12-1959
2	Prudential Ins. Pol. Appl. #H50-325-534	Newark, New Jersey	3-9-1970
3	Parent's Marriage License BK.K Pg 833	Spartanburg Co., SC	12-5-182
4			

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1	3-3-1922	Union, S.C.		
2	3-3-1922	Union, S.C.		
3			Lonnie Copes Inman	Alice Henderson
4				

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

Registrar: *Doris M. Byars*Date filed: *June 21, 1977*

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.

Susan H. Self Clerk III
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE