

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050890

City of Birth \_\_\_\_\_ County of Birth **Chester**

Name at Birth **Annie Bell Chalk** Sex **Female** Date of Birth **Oct. 29, 1922**

FATHER

Full Name **Will Chalk** Race or Color **Black**

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ State or Country **S. C.**

MOTHER

Maiden Name **Eliza Simpson** Race or Color **Black**

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ State or Country **S. C.**

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

*Annie B. F. Chalk*

LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERED IS UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this **31st** day of **August**, 19 **81**

at **Chester**, **S. C.**

(County) (State) (L.S.)

*Betty B. Young*  
Notary Public

My Commission expires **Aug. 12, 1991**

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Voter's Registration Cert. #0255391	Chester, S. C.	March 19, 1968
2 Own Marriage License #565-1942	Chester, S. C.	Sept. 19, 1942
3 Parent's Marriage License #1765-16	Chester, S. C.	Dec. 23, 1916
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 10-29-1922	Chester Co.		
2 Age 19			
3		Will Chalk	Eliza Simpson
4			

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

Registrar:

Date filed:

*Ann D. Owens*  
**Sept. 9, 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.

*Betty B. Young, Deputy Registrar I*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE