

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048824

City of Birth		County of Birth		Florence	
Name at Birth		Sex		Date of Birth	
VIRGINIA BROOKS		Female		Nov. 1, 1923	
Full Name		FATHER		Race or Color	
Fred Brooks				Black	
Birth Date		Place of Birth		State or Country	
		South Carolina		South Carolina	
Maiden Name		MOTHER		Race or Color	
Lilly Davis				Black	
Birth Date		Place of Birth		State or Country	
		South Carolina		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

Virginia B. Thompson
(Exactly as used at present time)

* If married woman sign maiden name here also

Virginia Brooks

Subscribed and sworn to before me this second day of March, 19 81
at Florence South Carolina
(County) (State) (L.S.)

Rae C. Maurer
Notary Public

My Commission expires January 20, 1987NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Brother's birth cert. #139-21-011506	Columbia, SC	May 1, 1921
2 Daughter's birth cert. #139-58-059830	Columbia, SC	March 6, 1959
3 McLeod Mem. Hospital patient record	Florence, SC	Sept. 1, 1975
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Fred Brooks	Lilly Davis
2 Age 35	Florence County		
3 11-1-23	Florence, SC		
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 G. Owens
March 12, 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.

Rae C. Maurer Deputy Registrar
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE