

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -22-051082

City of Birth		County of Birth <b>Marion</b>	
Name at Birth	<b>Roosevelt Legette</b>	Sex	<b>Male</b>
		Date of Birth	<b>May 28, 1922</b>
Full Name		FATHER	Race or Color <b>Black</b>
<b>Clarence Legette</b>			
Birth Date	Place of Birth	State or Country	<b>South Carolina</b>
Maiden Name		MOTHER	Race or Color <b>Black</b>
<b>Pearline Nichols</b>			
Birth Date	Place of Birth	State or Country	<b>South Carolina</b>

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

*Roosevelt Legette*  
 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

at *DEL* *PENNA*  
 (County) (State) (L.S.)

day of

*May*  
 Notary Public

My Commission expires **NOV. 21 1987**

NOTARY  
SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	Military Record #34 648 376	Camp Gordon Ga	Nov 4 1945
2	Social Security Application #249-42-0856	Baltimore Md	Mar 2 1946
3	County of Delaware Voter Reg. Stat.	Media Pa	Mar 25 1958
4			

  

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1	May 28 1922	Marion County Sc		
2	May 28 1922	Marion County Sc	Clarence Legette	Pearline Nichols
3	May 28 1922			
4				

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

Registrar:

Date filed:

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.

Administrative  
Specialist

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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