

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050845

City of Birth		County of Birth		MARION	
Name at Birth		MARY THOMPSON		Sex	FEMALE
				Date of Birth	04/21/22
Full Name		STEPHEN THOMPSON		FATHER	
				Race or Color	WHITE
Birth Date		UNKNOWN		Place of Birth	SOUTH CAROLINA
				State or Country	
Maiden Name		SALLIE STRICKLAND		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

\* If married woman sign maiden name here also

Subscribed and sworn to before me this

at

(County)

(State) (L.S.)

day of

1981

 NOTARY  
 SEAL

My Commission expires

Notary Public

August 28, 1980

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place issued	Date Filed
1	BUREAU OF THE CENSUS (#2-017-292)	WASHINGTON, D.C.	04/01/30
2	SOVEREIGN STATES INS. (#401H689-1000605)	NASHVILLE, TENN.	11/21/61
3	BRO'S BIRTH CERT. (#139-18-027270)	COLUMBIA, S.C.	09/02/18
4			

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 7	SOUTH CAROLINA	STEPHEN	SALLIE (THOMPSON)
2 04/21/22			
3		S.M. Thompson	SALLIE STRICKLAND
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.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE