

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139—

STATE OF South Carolina	(L. S.)	County of Birth Florence
COUNTY OF Florence		City of Birth Effingham, S. C.
Name at Birth SARA FAITH GRIFFIN	Sex Female	Date of Birth Jan. 6, 1922
Full Name H. Thomas Griffin	FATHER	Race or Color White
Birth Date September 17, 1884	Place of Birth { State or Country }	South Carolina
Maiden Name Pauline Langston	MOTHER	Race or Color White
Birth Date D.K.	Place of Birth { State or Country }	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

*If married woman sign maiden name here also

Subscribed and sworn to before me this

19

day of

October

1976

NOTARY
SEAL

My commission expires

October 8, 1979

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Birth Certificate of Brother #139-20-007992	Columbia, S.C.	Mar. 7, 1920
2 Florence Dist. I School Record	Florence, S. C.	1927
3 Birth certificate of Daughter #139-40-032141	Columbia, S. C.	Oct. 29, 1940
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		H. Thomas Griffin	Pauline Langston
2 Jan. 6, 1922	Effingham, S. C.	H. T. Griffin	
3 Age 18	Elim, S. C.		
4			

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

Registrar:

Date filed:

Chris M. Byars (jd)
10-20-76

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.

Winifred Holliday
Signature and title of Reviewing Officer
Staff Assistant II

SEE INSTRUCTIONS ON REVERSE