

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -22-050668

City of Birth		County of Birth		York
Name at Birth	BERTHA OWENSBY	Sex	Female	Date of Birth
				April 5 1922
FATHER				
Full Name	Joe William Owensby	Race or Color	White	
Birth Date	May 25 1889	Place of Birth	South Carolina	
MOTHER				
Maiden Name	Estelle Boon	Race or Color	White	
Birth Date	March 14 1897	Place of Birth	North 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

*Bertha O. Clark*  
 (Exactly as used at present time)

\* If married woman sign maiden name here also

*Bertha Owensby*

Subscribed and sworn to before me this 26<sup>th</sup> day of September, 19 78

at York South Carolina Judith A. Harrison  
 (County) (State) (L.S.) Notary Public

NOTARY  
SEALMy Commission expires November 23 1986

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sisters B/C #139-20-021974	York County, S. C.	July 13 1920
2 Dr's Record (Dr. W. J. Henry)	Fort Mill, S. C.	May 8 1961
3 Employment Record (Cone Mills)	Pineville, N. C.	December 27 1950
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Joe William Owensby	Estelle Boon
2 4/5/22	York County, S. C.		
3 4/5/22	York County, S. C.		
4			

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

Registrar:

*Doris M. Byars*  
ms

Date filed:

10-2-78

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.

*Judith A. Harrison*

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE