

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-049025

City of Birth <u>Georgetown</u>		County of Birth <u>Georgetown</u>	
Name at Birth <u>Margaret Jacobs</u>	Sex <u>Female</u>	Date of Birth <u>Nov. 25, 1923</u>	
Full Name <u>Clarence Jacobs</u>		FATHER	Race or Color <u>White</u>
Birth Date	Place of Birth	State or Country	<u>S. C.</u>
Maiden Name <u>Clara Vermel Matthews</u>	MOTHER		Race or Color <u>White</u>
Birth Date	Place of Birth	State or Country	<u>S.C.</u>

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

*Margaret O. Zamboni*  
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 5th day of July, 1984  
 at Georgetown, S. C.  
(County) (State) (L.S.)

*Belva B. Wingate*  
 Notary Public  
 My Commission expires Nov. 29, 1987

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

### ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Record Plantersville School	Plantersville, S. C.	Sept. 1929
2 Record Georgetown Memorial Hospital	Georgetown, S. C.	May 19, 1961
3 Parents Marriage License #2977	Georgetown, S. C.	Oct. 25, 1922
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
Nov. 25, 1923			
Nov. 25, 1923	Georgetown, S. C.	Clarence Jacobs	Vermel Matthews
3		Clarence Jacobs	Clara Vermel Matthews
4			

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

Registrar: *Cornelia C. ...*

Date filed: *July 16, 1984*

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.

*Belva B. Wingate* Deputy Co. Registrar  
 Signature and Title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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