

**DELAYED CERTIFICATE OF BIRTH**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT**

Birth No. 139-

22 050320

STATE OF	S. C.	(L.S.)	County of Birth	Lee
COUNTY OF	Lee		City of Birth	
Name at Birth	WILLIAM SHAW		Sex	MALE
			Date of Birth	APRIL 14, 1922
Full Name	Gallah Shaw		FATHER	Race or Color
				Negro
Birth Date			Place of Birth	{ State or Country } S. C.
Maiden Name	Chessie Wilson		MOTHER	Race or Color
				Negro
Birth Date			Place of Birth	{ State or Country } S. C.

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN,  
IF UNDER 21 YEARS OF AGE

*William Shaw*  
 (Exactly as used at present time)

\*If married woman sign maiden name here also

Subscribed and sworn to before me this

18th

day of

Aug.

19 75

7 NOTARY  
SEAL

*Reckey C. Corbett*  
 Notary Public

9/19/82

My commission expires

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 SS appl. #251-42-7041	Baltimore, Md.	12/12/46
2 Life of Ga. Ins. Policy #72153730	Atlanta, Ga.	8/26/57
3 Sumter Co. Health Dept. X-Ray Record	Sumter, S. C.	4/16/70
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 4/14/22	Lee County	Gallah Shaw	Chessie Wilson
2 Age 35			
3 4/14/22			
4			

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

Registrar:

*Doris M. Ryan (jd)*

Date filed:

8-27-75

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.

*Reckey C. Corbett*

Dep. Co. Reg.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE