

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048923

City of Birth		County of Birth <b>Darlington</b>	
Name at Birth	<b>EMMA JOINES</b>	Sex	<b>FEMALE</b>
		Date of Birth	<b>January 1 1923</b>
Full Name		<b>Charles Joines</b>	FATHER
		Race or Color	<b>Negro</b>
Birth Date	<b>unk</b>	Place of Birth	State or Country <b>SC</b>
Maiden Name		<b>Alice Jones</b>	MOTHER
		Race or Color	<b>Negro</b>
Birth Date	<b>May 2 1898</b>	Place of Birth	State or Country <b>SC</b>

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

*Emma J Jones*  
 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 16th day of August, 19 82  
 at Darlington, SC  
 (County) (State) (L.S.)  
 NOTARY SEAL  
 My Commission expires August 2 1984  
 Notary Public

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 BC of sis #139 23 000823	Darlington Co SC	Jan 30 1932
2 United Ins Co of Amer #02443534	Chicago IL	Apr 5 1976
3 County Hlth Dept clinic rec #02178	Darlington SC	Apr 18 1974
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Charles Joines	Alice Jones
2 Jan 1 1923	Darlington		
3 Jan 1 1923			
4			

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

Registrar:

Date filed:

*Ann D Owens*  
Aug. 23, 1982

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.

*John B Carr, Dep. Reg. I*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE