

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050796

City of Birth	SUTTONS		County of Birth	WILLIAMSBURG	
Name at Birth	LEO	TALLIE	WIGGINS	Sex	MALE
				Date of Birth	JUN 20 1922
Full Name	LEO G. WIGGINS			FATHER	
				Race or Color	WHITE
Birth Date	OCT 27 1891		Place of Birth	State or Country	S. C.
Maiden Name	SARA V. ALTMAN		MOTHER		
				Race or Color	WHITE
Birth Date	AUG 27, 1895		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 18 YEARS OF AGE

(Exactly as used at present time)

* If married woman sign maiden name here also

Subscribed and sworn to before me this

at

Georgetown, SC

(County)

SC

(State) (L.S.)

NOTARY
SEAL

My Commission expires

5-19-1990

Notary Public

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Brother's Birth Cert. #139-16-079698	Columbia, S.C.	9-20-16
2 Social Security Appl. #251 24 4142	Baltimore, Md.	8-1941
3 South Carolina Drv. Lic. Rec. #0650752	Columbia, S.C.	2-28-61
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Grady L. G. Wiggins	Sarah Altman
2 6-20-22	Suttons, S.C.	Leo G. Wiggins	Sara V. Altman
3 6-20-22			
4			

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

Registrar:

Date filed:

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.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE