

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 - 23-049093

City of Birth		County of Birth		Florence	
Name at Birth	ROSELLA GREEN	Sex	Female	Date of Birth	August 26, 1923
Full Name		DAVID GREEN		Race or Color Black	
Birth Date		Place of Birth		State or Country South Carolina	
Maiden Name		ALBERTA JOHNSON		Race or Color Black	
Birth Date		Place of Birth		State or Country South Carolina	

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

X *Res. 1186 nms 7*

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 eighth day of August, 19 85
 at Florence, South Carolina
 (County) (State) (L.S.)

Ken C. Manner
 Notary Public

My Commission expires January 20, 1987NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place issued	Date Filed
1	App. for Sec. Sec. #251-84-5779	Baltimore, MD	1964
2	Wilson Hospital patient record	Darlington, SC	Aug. 10, 1964
3	Voter Reg. record #0329006	Darlington, SC	Oct. 2, 1976
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 08-26-23	Florence, SC	David Green	Alberta Johnson
2 08-26-23			
3 08-26-23	Florence, SC		
4			

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

Registrar:

Ken C. Manner
August 13, 1985

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.

Ken C. Manner Deputy Registrar II
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

0548

Date filed: