

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-049106

City of Birth		County of Birth		YORK	
Name at Birth		WILL TOM CHILDERS		Sex MALE	
		FATHER		Date of Birth JUNE 18, 1923	
Full Name		S. J. Childers		Race or Color White	
Birth Date		October 2, 1886		State or Country South Carolina	
		MOTHER			
Maiden Name		Sudie Ann Montgomery		Race or Color White	
Birth Date		March 26, 1888		State or Country South Carolina	

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

*Will Tom Childers*  
 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 17th day of September, 1985  
 at York, South Carolina  
 (County) (State) (L.S.) *Judith A. Harrison*  
 Notary Public  
 My Commission expires November 23, 1986  
 NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place issued	Date Filed
1	Mothers D/C #20252	York County, S.C.	June 8, 1941
2	Dr's Record (Dr. G. F. Hiott)	York, S. C.	March 12, 1966
3	Daughters B/C #139-47-017364	York, S. C.	May 9, 1947
4			

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		S. J. Childers	Sudie Ann Montgomery
2	6/18/23		
3	23 yrs	Hickory Grove, S.C.	
4			

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

Registrar:

*Ann L. Owens*

Date filed:

*September 27, 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.

*Judith A. Harrison*

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE