

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-050902

City of Birth		County of Birth		Florence	
Name at Birth	EMMA NITA JACKSON	Sex	Female	Date of Birth	Jan. 4, 1922
Full Name	Wallie Jackson	FATHER		Race or Color	Black
Birth Date		Place of Birth	State or Country	South Carolina	
Maiden Name	Corine Burroughs	MOTHER		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.

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN

IF UNDER 18 YEARS OF AGE

*Emma J. Sellers*  
 (Exactly as used at present time)

\* If married woman sign maiden name here also

*Emma Nita Jackson*

Subscribed and sworn to before me this

23rd

day of

January

1981

at

*Darlington**S.C.*

(County)

(State) (L.S.)

*Lydia B. Johnson*  
 Notary Public

NOTARY

My Commission expires

1-15-84

SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	Clerk of Court birth rec. V.55, Pg.598	Florence, SC	Sept. 4, 1944
2	Life Ins. Co. of Ga. Pol. #30022247	Atlanta, GA	Aug. 15, 1960
3	US Census Record #bc 3-050-216	Washington, DC	April 1, 1930
4			

  

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1	1-4-22	Florence Co., SC	Wallie Jackson	Corine Burroughs
2	1-4-22			
3	Age 8	South Carolina	Wallie Jackson	Corean (Jackson)
4				

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

Registrar:

*Ann J. Owens/csp*

Date filed:

*October 16, 1981*

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.

*Re C. Maurer, Deputy Registrar II*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE