

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-051154

City of Birth <u>Lake City</u>		County of Birth <u>Florence</u>	
Name at Birth <u>Edith Eaddy</u>		Sex <u>Female</u>	Date of Birth <u>June 22, 1922</u>
FATHER			
Full Name		Race or Color	
Birth Date	Place of Birth	State or Country	
MOTHER			
Maiden Name <u>Bella Eaddy</u>		Race or Color <u>Black</u>	
Birth Date <u>Unknown</u>	Place of Birth	State or Country <u>South Carolina</u>	

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

Edith Eaddy

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 29th day of August, 19 86
 at Florence, South Carolina
 (County) (State) (L.S.)

Barbara A. Odum

Notary Public

NOTARY
SEAL

My Commission expires October 3, 1993

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 App. for Social Security #248-28-7250	Baltimore Md.	June 12, 1940
2 Brothers' BC 139-19-032038	Columbia, S.C.	Oct. 14 1919
3 Patient Record, Stokes Eye Clinic	Florence, S.C.	July 12, 1978
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 Jun. 22, 1922	Lake City, S.C.		Bella Eaddy
2			Bella Eaddy
3 Jun. 22, 1922			
4			

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

Registrar: *Anna McQueen*Date filed: September 9 1986

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.

Barbara A. Odum, Deputy Co. Registrar II

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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