

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048835

City of Birth _____ County of Birth **Orangeburg**

Name at Birth **James Anderson** Sex **Male** Date of Birth **May 16, 1923**

Full Name **George Anderson** FATHER Race or Color **Black**

Birth Date _____ Place of Birth _____ State or Country **SC**

Maiden Name **Eva Livingston** MOTHER Race or Color **Black**

Birth Date _____ Place of Birth _____ State or Country **SC**

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

X James Anderson
(Exactly as used at present time)

* If married woman sign maiden name here also

Subscribed and sworn to before me this **28th** day of **April**, 19**81**

at **Orangeburg** **SC** *Myra T. Strickland*
(County) (State) (L.S.) Notary Public

NOTARY SEAL My Commission expires **Mar 5 1984**

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Appl Soc Sec #249-26-8614	Baltimore, MD	Jan 1941
2 Palmetto State Life Ins Co Pol #3175588	Columbia SC	6-25-1962
3 Son's B/C #139-49-011159	Orangeburg Co SC	4-2-1949
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 5-16-1923	North SC	George Anderson	Eva Livingston
2 Age 39			
3 Age 25			
4			

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

Registrar: *Ann H. Owens*
Date filed: *May 1, 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.

Myra T. Strickland, Dep. Reg.
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE