

# **DELAYED CERTIFICATE OF BIRTH** **SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

Birth No. 139-22-051210

City of Birth		County of Birth		MARION	
Name at Birth	EARNEST NELSON		Sex	MALE	
			Date of Birth	OCT. 4, 1922	
Full Name	ROBERT A. NELSON		FATHER		
			Race or Color	BLACK	
Birth Date	UNKNOWN		Place of Birth	S.C.	
			State or Country	S.C.	
Maiden Name	ETTA WILLIAMS		MOTHER		
			Race or Color	BLACK	
Birth Date	UNKNOWN		Place of Birth	S.C.	
			State or Country	S.C.	

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

*Earnest Nelson*  
 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 23rd day of OCTOBER, 19 91  
 at MARION, S.C.  
 (County) (State) (L.S.)  
*Joyce C. Spann*  
 Notary Public  
 My Commission expires MAY 16, 1993

NOTARY  
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE			
Kind of Document	Place issued	Date Filed	
1 Signature on marriage license, no #	Marion Co., S. C.	9-19-44	
2 McLeod Regional Medical Center record	Florence, S. C.	10-24-85	
3 Sibling's Birth Cert. #139-29-006914	Marion Co., S. C.	4-10-29	
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 age 21			
2 10-4-22	Marion Co., S. C.		
3		R.A. NELSON	ETTA WILLIAMS
4			

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

Registrar: *Murray B. Hudson*Date filed: October 30, 1991

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.

*Joyce C. Spann, Dep. Co. Registrar*  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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