

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139- 23-048871

City of Birth Anderson County of Birth Anderson
 Name at Birth K C Wardlaw Sex Male Date of Birth May 3 1923

FATHER
 Full Name _____ Race or Color _____

Birth Date _____ Place of Birth _____ State or Country _____

MOTHER
 Maiden Name Idella Wardlaw Race or Color Black

Birth Date Unknown 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 K C Wardlaw

(Exactly as used at present time)

* If married woman sign maiden name here also _____

Subscribed and sworn to before me this 16th day of October, 19 81

at Anderson S C Frances Fuller
 (County) (State) (L.S.) Notary Public

NOTARY
SEAL

My Commission expires March 8, 1989

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 1930 Census Report #3-051-972	Washington DC	Apr 1 1930
2 Liberty Life Ins Pol# 4807854W	Greenville SC	Feb 18 1957
3 SC Driving License #859509	Columbia SC	Mar 5 1973
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 age 6	South Carolina		Idella Wardlaw
2 May 3 1923	Anderson County		
3 May 3 1923			
4			

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

Registrar: Ann G. Owens, /Cp

Date filed: October 22, 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.

Ann Hardin, CSR

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

29538

K C WARDLAW

10-15-81 m

Anderson