

DELAYED CERTIFICATE OF BIRTH
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139-

22 050197

STATE OF (L.S.) County of Birth Charleston
COUNTY OF City of Birth Wadmalaw Island
Name at Birth JOHN GRANT Sex Male Date of Birth June 26, 1922

FATHER
Full Name Samuel Grant Race or Color Negro
Birth Date unknown Place of Birth (State or Country) SC

MOTHER
Maiden Name Isabella Gibbs Race or Color Negro
Birth Date unknown 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
John Grant

John Grant
(Exactly as used at present time)

Subscribed and sworn to before me this 20th day of August 1976
ANNE M. SCOTT
NOTARY PUBLIC - CALIFORNIA
SAN FRANCISCO COUNTY
My comm. expires JUN 18, 1980
Notary Public
June 18, 1980
DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Photocopy of App. for SS #262 28 2920	Baltimore, MD	Oct. 12, 1940
2 1930 Census Record	Washington, DC	4/1/30
3 Sister's Birth Record 139 21 006983	Columbia, SC	4/10/21
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 6/26/22	Charleston, SC	Sam Grant	Isabella Gibson
2 10	SC	Samuel Grant	Isabella Grant
3		Samuel Grant	Isabele Gibbs
4			

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

Registrar: *William R. Jones*
Date filed: 9-9-76

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.

Anna Scholte Cobb
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

75-5859-0 6711/7095