

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048774

City of Birth _____		County of Birth <u>York</u>	
Name at Birth <u>ROBERT ARCHIE WHITE</u>	Sex <u>Male</u>	Date of Birth <u>April 9, 1923</u>	
Full Name <u>Phares White</u>		Race or Color <u>White</u>	
MOTHER			
Birth Date <u>April 21, 1901</u>	Place of Birth _____	State or Country <u>North Carolina</u>	
Maiden Name <u>Amanda Dover</u>		Race or Color <u>White</u>	
MOTHER			
Birth Date <u>March 4, 1901</u>	Place of Birth _____	State or Country <u>South Carolina</u>	

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 Robert Archie White
 (Exactly as used at present time)

* If married woman sign maiden name here also _____

Subscribed and sworn to before me this 16th day of April, 1980
 at York, South Carolina
 (County) (State) (L.S.) *Judith A. Harrison*
 Notary Public
 My Commission expires November 23, 1986

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Brothers B/C #139-29-014543	York County, S. C.	May 31, 1929
2 Son's B/C () Number 295	Cleveland County, N.C.	Feb. 28, 1950
3 State Capital Life Ins. Pol. # 220290	Raleigh, N. C.	Sept. 10, 1945
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		<u>Phares White</u>	<u>Amanda Dover</u>
2 <u>26 yrs</u>			
3 <u>4/9/23</u>	<u>York County, S.C.</u>		
4			

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

Registrar: *Ann Owens*Date filed: May 14, 1988

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.

Judith Harrison
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE