

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050871

City of Birth _____ County of Birth **Chester**

Name at Birth **John Turner Paul, Jr.** Sex **Male** Date of Birth **May 17, 1922**

Full Name **John Turner Paul** FATHER Race or Color **White**

Birth Date **March 7, 1894** Place of Birth State or Country **S. C.**

Maiden Name **Mattie Mildred Thomas** MOTHER Race or Color **White**

Birth Date **Oct. 20, 1905** Place of Birth State or Country **S. C.**

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

John J. Paul Jr.
 LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR
 ELDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON
 REGISTERED IS UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this 5th day of June, 1981
 at Chester, S. C.
 (County) (State) (L.S.)
 NOTARY My Commission expires Aug. 18, 1981
 SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 US Army Discharge, Ser. #34-141-117	Ft. Bragg, N. C.	Nov. 12, 1945
2 Own Marriage License, No #	Chester, S. C.	Nov. 24, 1945
3 Brother's Birth Cert. #139-35-008863	Columbia, S. C.	May 2, 1935
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 May 17, 1922	Chester Co., S. C.		
2 Age 23			
3		John Turner Paul	Mattie Mildred Thomas
4			

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

Registrar

Date filed

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.

Atty. B. Young
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE