

87159
553597

DELAYED CERTIFICATE OF BIRTH
Division of Vital Statistics -- State Board of Health
STATE OF SOUTH CAROLINA

16 092906

Birth No. 139 - 15 029121

STATE OF S.C. (L. S.) County of Birth Aiken
COUNTY OF _____ City of Birth Couper
Name at Birth Erby Olin Youngblood Sex M Date of Birth 12-2-16
FATHER
Full Name Glover Attaway Youngblood Race or Color W
Birth Date 3-5-1974 Place of Birth { State or Country } S.C.
MOTHER
Maiden Name Clarie Gardner Race or Color W
Birth Date 5-9-1889 Place of Birth { State or Country } S.C.

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 21 YEARS OF AGE

Erby Olin Youngblood
(Exactly as used at present time)

*If married woman sign maiden name here also.

Subscribed and sworn to before me this 16 day of March, 1955

NOTARY
SEAL

C. S. Dantz
Notary Public

My commission expires February 2, 1956

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Issued	
1 S. C. Driver's license #153128	S. C.	6-12-41	
2 Own child's original birth record #70-33883-40	Cola., SC	10-2-40	
3 Sister's original birth record #84-39616-18	Aiken Co., SC	12-30-18	
Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 12-2-16			
2 23	Aiken Co., SC		
3		Glover A. Youngblood	Clarie Gardner

Date Filed 3-16-55

Registrar Thos. P. Lesesne

(SEE INSTRUCTIONS ON REVERSE SIDE)

Frances S. Whaley Clark II
Signature and Title of Reviewing Officer

Form VS-6

NC NC Hall
Erby O. Youngblood--3/15/55 BLS