

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139— 22 050314

STATE OF South Carolina (L.S.) County of Birth Laurens
COUNTY OF Laurens City of Birth Cross Hill
Name at Birth PEARL CAMPBELL Sex Female Date of Birth July 20 1922

FATHER
Full Name Albert Campbell Race or Color Negro

Birth Date unknown Place of Birth (State or Country) South Carolina

MOTHER
Maiden Name Maria Grant Race or Color Negro

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

Pearl Evans
(Exactly as used at present time)

*If married woman sign maiden name here also

Pearl Campbell

Subscribed and sworn to before me this 24th day of September 19 76

NOTARY
SEAL

Gauette D. Kennedy
Notary Public

My commission expires January 22 1984

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place Issued	Date Filed
1 Immunization record of applicant		Laurens, S. C.	Jul 11 1960
2 Marriage license of applicant		Laurens Co., S. C.	Nov 23 1943
3 Birth cert. of sister 139-18-015202		Laurens Co., S. C.	May 31 1918
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 7-20-22	Laurens Co. S. C.		
2 Age 21			
3		Albert Campbell	Maria Grant
4			

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

Registrar: *W. M. Burns*

Date filed: 10-6-76

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.

Gauette D. Kennedy, DCR
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

Pearl Campbell
July 20 1922 Laurens Co.
\$5.00 fee paid in Laurens Co.