

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 -22-050657

City of Birth <b>Dillon</b>		County of Birth <b>Dillon</b>	
Name at Birth	<b>WALKER GILBERT BRUMBLE</b>	Sex	<b>Male</b>
		Date of Birth	<b>March 3, 1922</b>
Full Name		FATHER	Race or Color
<b>Winfield Hancox Brumble, Sr.</b>			<b>White</b>
Birth Date	<b>Unknown</b>	Place of Birth	State or Country
			<b>S. C.</b>
Maiden Name		MOTHER	Race or Color
<b>Bessie Virginia Tucker</b>			<b>White</b>
Birth Date	<b>Unknown</b>	Place of Birth	State or Country
			<b>S. C.</b>

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

*Walker Gilbert Brumble*  
(Exactly as used at present time)

\* If married woman sign maiden name here also

Subscribed and sworn to before me this

*1st*

day of

*September*

, 19

*78*at *Dillon*  
(County)*South Carolina*  
(State) (L.S.)

*John M. Brumble*  
Notary Public

My Commission expires

*April 30, 1979*

NOTARY  
SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 <b>B. C. of Sister #139-20-046920</b>	<b>Dillon, S.C.</b>	<b>2-3-21</b>
2 <b>Palmetto State Life Ins. Co. #5507</b>	<b>Columbia, S. C.</b>	<b>9-3-46</b>
3 <b>U. S. Army Discharge #34-517-156</b>	<b>Camp Gordon, Ga.</b>	<b>9-9-45</b>
4 <b>S. C. Driver's Lic. #644197</b>	<b>Columbia, S. C.</b>	<b>6-30-49</b>

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		<b>Winfield Hancox Brumble</b>	<b>Bessie Virginia Tucker</b>
2 <b>24</b>			
3 <b>3-3-22</b>	<b>Dillon Co., S. C.</b>		
4 <b>3-3-22</b>			

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

Registrar:

*Doris M. Byars*  
*9-7-78*

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.

*Deborah H. Shuman*  
Signature and Title of Reviewing Officer  
*Dep. Co. Reg.*

SEE INSTRUCTIONS ON REVERSE