

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-051040

City of Birth		County of Birth	Union
Name at Birth	Etha Farr	Sex	Female
		Date of Birth	March 6, 1922
Full Name		FATHER	Race or Color
William Farr			Black
Birth Date	Place of Birth	State or Country	
Maiden Name		MOTHER	Race or Color
Mary Jennings			Black
Birth Date	Place of Birth	State or Country	

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

*Etha Brown*  
 LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON REGISTERED UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this

day of

19

at

(County)

(State) (L.S.)

 NOTARY  
 SEAL

My Commission expires

 Notary Public  
 PENN HILLS TWP., ALLEGHENY COUNTY

MY COMMISSION EXPIRES SEPT. 23, 1983

Member, Pennsylvania Association of Notaries

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place issued	Date Filed
1	Own marriage License no/	Union Co., SC	Apr 06 1945
2	Clerk of Court Record	Union Co., SC	Jul 08 1944
3	Daughter's Birth Rec. #139-42-031840	VR Columbia, SC	Aug 12 1942
4	Social Security Rec. #250 20 9934	Baltimore, MD	Jan 1951

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 23 yrs			
2 Mar 06 1922	Union Co., SC	William Farr	mary Jennings
3 20 yrs.	Union, SC		
4 Mar 06 1922	Union, SC	William Farr	Mary Jennings

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.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

83-11-01 3A PM-11-08

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