

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048970

City of Birth _____		County of Birth <u>Greenwood</u>	
Name at Birth <u>JOHN HAMPTON WARNER</u>		Sex <u>Male</u>	Date of Birth <u>JAN 24 1923</u>
Full Name <u>Horace Tillman Warner</u>		Race or Color <u>W</u>	
Birth Date <u>AUG 05 1893</u>		Place of Birth _____	State or Country <u>S.C.</u>
Maiden Name <u>Elvie Stockman</u>		Race or Color <u>W</u>	
Birth Date <u>SEP 15 1893</u>		Place of Birth _____	State or Country <u>S.C.</u>

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

*John H. Warner*  
 LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR  
 OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON  
 REGISTERED IS UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this 1st day of JUL, 1983  
 at Greenwood, S.C.  
 (County) (State) (L.S.) *Miriam S. Hoef*  
 Notary Public  
 My Commission expires JAN 05 1991

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 <u>Health Dept. Master Card</u>	<u>Greenwood, S.C.</u>	<u>DEC 15 1960</u>
2 <u>Own Marriage License #10041</u>	<u>Greenwood, S.C.</u>	<u>AUG 06 1949</u>
3 <u>Parent's Marriage License #2337</u>	<u>Greenwood, S.C.</u>	<u>NOV 27 1917</u>
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 <u>JAN 24 1923</u>	<u>Greenwood Co., S.C.</u>		
2 <u>Age: 26</u>		<u>H. T. Warner</u>	<u>Elvie Stockman</u>
3			
4			

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

Registrar: *Ann S. Owens*Date filed: *July 11, 1983*

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.

*Miriam S. Hoef* **DCR**  
 Signature and title of Reviewing Officer

\$5.00 delayed fee paid in Gwd Co.  
 SEE INSTRUCTIONS ON REVERSE

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