

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT 22 050460

Birth No. 139 —

STATE OF	South Carolina	(L.S.)	County of Birth	York
COUNTY OF	York		City of Birth	Rock Hill
Name at Birth	John Henry Richardson	Sex	m Male	Date of Birth September 3, 1922
Full Name	John Richardson	FATHER		Race or Color Negro
Birth Date	3-9-02	Place of Birth	{ State or } { Country }	S. C.
Maiden Name	Jessie Diary	MOTHER		Race or Color Negro
Birth Date	1904	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

JOHN H. RICHARDSON

Wit: Gentry (Print only)

*If married woman sign maiden name here also.

Subscribed and sworn to before me this

20th

day of

September

1975

NOTARY
SEAL

Montgomery Co., Maryland Notary Public

My commission expires July 1, 1978

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 Motor Vehicle Opr.'s License # 2115774	Dist. of Columbia	3-15-63
2 JMarriage License # 84965	York, S. C.	10-21-44
3 Mother's Obit. Notice Chisolm Funeral Home	Rock Hill, S.C.	1-26-64
4 Dist. of Columbia Health Dept. B/c daughter	Washington, D.C.	7-02-54
Birth Date or Age	Birth Place	Name of Father
1 9-3-22		
2 22		
3		John Richardson
4 31	Rock Hill, York Co. SC	Jessie Diary

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

Registrar:

Doris M. Byars, Jr.

Date filed:

11-28-75

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.

Ruth K. Duncan, Dep. Regist.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE