

DELAYED CERTIFICATE OF BIRTH SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139-

22 050245

STATE OF	SOUTH CAROLINA	(L.S.)	County of Birth	EDGEFIELD
COUNTY OF	EDGEFIELD		City of Birth	TRENTON
Name at Birth	OCTVEIA RAMSEY	Sex	FEMALE	Date of Birth
				OCTOBER 24, 1922
Full Name	SYLVESTER RAMSEY	FATHER		Race or Color
				N
Birth Date	UNKNOWN	Place of Birth	(State or Country)	S.C.
		MOTHER		
Maiden Name	MATTIE STALLWOOD			Race or Color
				N
Birth Date	UNKNOWN	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.

*If married woman sign maiden name here also.

Subscribed and sworn to before me this 10TH

NOTARY
SEAL

day of JUNE 19 75
 My commission expires 09-16-78
 Notary Public

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1 PARENT'S MARRIAGE LIC. #1897	EDGEFIELD, S. C.	07-28-1919
2 DELTA LIFE INS. POL. #70002	ATLANTA, GA.	04-01-1963
3 CONFIDENTIAL SOC. SEC. STATEMENT #192-22-	1141-BALTIMORE, MD.	05-27-45
4 STATEMENT DR. WM. L. GRIFFIN	AUGUSTA, GA.	07-13-62

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		SYLVESTER RAMSEY	MATTIE STALLWOOD
2 41 YRS. (NEXT)			
3 10-24-22	EDGEFIELD CO., S.C.		
4 10-24-22	TRENTON, S. C.		

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