

DELAYED CERTIFICATE OF BIRTH
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
 Birth No. 139 -23-049024

City of Birth		County of Birth	
		Hampton	
Name at Birth	ANNIE MAE JOHNSON	Sex	FEMALE
		Date of Birth	November 14, 1923
Full Name		FATHER	Race or Color
Allen Johnson			Black
Birth Date		Place of Birth	State or Country
			S. C.
Maiden Name		MOTHER	Race or Color
Rosa Lee Taylor			Black
Birth Date		Place of Birth	State or Country
			S. C.

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

Annie Mae Lee
 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 18th day of June, 1984
 at Hampton, South Carolina
(County) (State) (L.S.)

[Signature]
 Notary Public
 My Commission expires March 28, 1989

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Parent's marriage record-No number--	Hampton Co., S.C.	01-25-23
2 S. C. Voter's Appl. #0569287--	Jasper Co., S. C.	01-23-68
3 Family Medical Center Office REcords-	Estill, S.C.	11-06-71
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Allen Johnson	Rosa Lee Taylor
2 Nov. 14, 1923	Hampton		
3 Nov. 14, 1923		Allen Johnson	Rosa Lee Taylor
4			

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

Registrar: *[Signature]*

Date filed: July 2, 1984

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]
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE