

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-050718

City of Birth		County of Birth		York	
Name at Birth	JOHN WRIGHT JR.	Sex	Male	Date of Birth	March 21 1922
Full Name		FATHER		Race or Color	
John Wright				White	
Birth Date	November 11 1867	Place of Birth	State or Country	South Carolina	
Maiden Name		MOTHER		Race or Color	
Ethel Elmore				White	
Birth Date	December 27 1889	Place of Birth	State or Country	South Carolina	

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN

IF UNDER 18 YEARS OF AGE

*John Wright Jr.*  
(Exactly as used at present time)

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 18th day of April, 1979  
 at York, South Carolina  
 (County) (State) (L.S.)

*Judith A. Harrison*  
 Notary Public  
 My Commission expires November 23, 1986

NOTARY  
SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Mothers D/C #72-004146	Cherokee County, S.C.	March 15 1972
2 Fathers D/C #Vol 41 Page 714	York County, S. C.	November 15 1956
3 Own Marriage License #5706	Cherokee Co., S.C.	February 6 1954
4 Employment Record(RH Printing Co.)	Rock Hill, S. C.	July 1, 1942

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1			Ethel Elmore(Wright)
2		John Wright	
3 31 yrs			
4 3/21/22	Hickory Grove, S. C.		

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

Registrar:

*Donis M. Bryan*

Date filed:

*4-24-79*

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.

*Judith A. Harrison*

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE