

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050856

City of Birth St. George County of Birth Dorchester

Name at Birth EDITH RUE BELL BROWN Sex Female Date of Birth Jan. 14, 1922

FATHER

Full Name McKinley Brown Race or Color Black

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ State or Country SC

MOTHER

Maiden Name Molena Boyd Race or Color Black

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ State or Country SC

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

\* If married woman sign maiden name here also

Subscribed and sworn to before me this

day of

19 81

at

(County)

(State) (L.S.)

Notary Public

NOTARY  
SEAL

My Commission expires

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sister's birth cert. # 139-26-037161	Dorchester Co., S.C.	Nov. 30, 1926
2 Immunization rec. (no#) Heath Dept.	Dorchester Co., S.C.	Feb. 21, 1975
3 Appl. for voter registration# 0351328	Dorchester Co., SC	Jan. 23, 1968
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		McKinley Brown	Molena Boyd
2 Jan. 14, 1922	Dorchester Co., SC		
3 Jan. 14, 1922	Dorchester Co., SC		
4			

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