

DELAYED CERTIFICATE OF BIRTH
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

STATE FILE NO: **139-22-051251**

City of Birth	ORANGEBURG	County of Birth	ORANGEBURG
Name at Birth	EVELYN KELLY	Sex	FEMALE
		Date of Birth	DEC 25 1922
Full Name	ARTHUR KELLY	FATHER	
		Race	BLACK
Birth Date	UNKNOWN	Place of Birth	
		State	SOUTH CAROLINA
		Country	
Maiden Name	MAGGIE BARTON	MOTHER	
		Race	BLACK
Birth Date	UNKNOWN	Place of Birth	
		State	SOUTH CAROLINA
		Country	

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

[Signature]
 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 02 day of APRIL, 2001

at ORANGEBURG, SOUTH CAROLINA
 (County) (State) (L.S.)

NOTARY
SEAL

[Signature]
 Notary Public

My Commission expires **OCT 16 2008**

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place Issued	Date Filed
1. BROTHER 'S BIRTH REC# 139-25-008655	COLUMBIA SC	MAR 11 1925
2. SOCIAL SECURITY APPL# 073-24-2740	BALTIMORE MD	DEC XX 1946
3. PRUDENTIAL LONG TERM CARE APPL MEMBERSHIP#93814938	FT WASHINGTON PA	NOV 01 1992
4.		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1.		ARTHUR KELLY	MAGGIE BARTON
2. 12/25/22	ORANGEBURG SC	ARTHUR KELLY	MAGGIE BARTON
3. 12/25/22			
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 19 2001**

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

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