

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

Birth No. 139-22-051246

City of Birth	MANNING	County of Birth	CLARENDON
Name at Birth	ISABELL WOODS	Sex	FEMALE
		Date of Birth	JUL 17 1922
Full Name	EDMOND WOODS	Race or Color	BLACK
Birth Date	UNKNOWN	Place of Birth	SOUTH CAROLINA
		State or Country	
Maiden Name	CARRIE SMITH	Race or Color	BLACK
Birth Date	UNKNOWN	Place of Birth	SOUTH CAROLINA
		State or Country	

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

*Isabell W Woods*  
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 13TH day of MAR, 192000  
at HORRY, SOUTH CAROLINA  
(County) (State) (L.S.)  
NOTARY SEAL  
My Commission expires AUG 29 2007  
Notary Public

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 SOCIAL SECURITY APPL #248-82-6308	BALTIMORE MD	MAR 07 1991
2 LORIS MEDICAL CENTER PHYSICIAN STATEMENT	LORIS SC	FEB 1992
3 SIBLING'S BIRTH CERT #139-20-011544	VR-COLUMBIA SC	APR 30 1920
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 JUL 17 1922	MANNING CLARENDON SC	EDMOND WOODS	CARRIE SMITH
2 JUL 17 1922			
3		EDMOND WOODS	CARRIE SMITH
4			

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

Registrar: *Angelia Eyer*  
Date filed: 6/9/00

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.

*Corothy B Lewis*  
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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