

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	State or Country SOUTH CAROLINA
Maiden Name CARRIE SMITH		Race or Color BLACK	
Birth Date UNKNOWN		Place of Birth	State or Country SOUTH CAROLINA

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 Public: *Corothy B Lewis*
 My Commission expires AUG 29 2007
 NOTARY SEAL

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 PHYSICAN 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

1273