

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENT

Birth No. 139—

22 050462

STATE OF	South Carolina	(L.S.)	County of Birth	York
COUNTY OF	York		City of Birth	
Name at Birth	J.D. Alexander	Sex	Male	Date of Birth
				April 14, 1922

Full Name		Rainey Alexander		FATHER		Race or Color		Negro	
Birth Date	unknown	Place of Birth	{ State or Country }	S. C.					

Maiden Name		Ann McCleave		MOTHER		Race or Color		Negro	
Birth Date	unknown	Place of Birth	{ State or Country }	S. C.					

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

SIGNATURE OF PERSON REGISTERED OR OF PARENT OR GUARDIAN, IF UNDER 21 YEARS OF AGE

J. D. Alexander

(Exactly as used at present time)

*If married woman sign maiden name here also

Subscribed and sworn to before me this fifth day of September, 1975

NOTARY
SEAL

Ruth K. Duncan

Notary Public

My commission expires Sept. 17, 1983

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

#	Kind of Document	Place Issued	Date Filed
1	Marriage License # 93399	York, S. C.	3-12-46
2	Social Security Appl. # 248-24-8411	Baltimore, Md.	8-31-40
3	North Carolina Driver's Lic. # 1822524	Raleigh, NC.	4-2-64
4			

#	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1	23			
2	4-14-22	York County, SC	Rainey Alexander	Ann McCleave
3	4-14-22			
4				

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

Registrar:

Noris M. Ryan (jd)

Date filed:

9-19-75

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.

Ruth K. Duncan Dep. Reg.

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

J. D. Alexander 75-030824-A
8-25-75