

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048803

City of Birth	Johnsonville	County of Birth	Florence
Name at Birth	ILA MAE KELLY	Sex	Female
Date of Birth	Dec. 2, 1923		
Full Name	Jeno' Kelly	FATHER	Race or Color Black
Birth Date	Place of Birth	State or Country	S. C.
Maiden Name	Bessie Brenson	MOTHER	Race or Color Black
Birth Date	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 18 YEARS OF AGE

* If married woman sign maiden name here also

Subscribed and sworn to before me this

18

day of

Sept

19 80

at

Marion

(County)

S.C.

(State) (L.S.)

Ila Mae Kelly Reed
(Exactly as used at present time)
Ila Mae Kelly

NOTARY
SEAL

My Commission expires

My Commission Expires Nov. 18, 1983

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 App. for Soc. Sec. #249 78 3402	Baltimore, MD	Dec., 1962
2 Sister's birth cert. #139-22-004187	Columbia, SC	Mar. 8, 1922
3 DHEC Health Services Record	Marion, SC	Oct. 8, 1971
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 12-2-23	Johnsonville, SC	Jaro Kelly	Bessie C. Brunson
2		Jeno Kelly	Bessie Brenson
3 12-2-23	Florence Co.		
4			

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

Registrar

Date filed

Ann L. Dugas
Sept 30, 1980

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.

Kai C. Maurer

Deputy Registrar II

Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE