

# DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-22-051202

City of Birth		County of Birth <b>Lancaster</b>	
Name at Birth <b>Clarence Alexander</b>	Sex <b>Male</b>	Date of Birth <b>Mar 11 1922</b>	
Full Name <b>Hampton Alexander</b>		FATHER	
		Race or Color <b>Black</b>	
Birth Date <b>?</b>	Place of Birth	State or Country	<b>S. C.</b>
Maiden Name <b>Annie Cox</b>		MOTHER	
		Race or Color <b>Black</b>	
Birth Date <b>?</b>	Place of Birth	State or Country	<b>S. C.</b>

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

*Clarence Alexander*  
 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 1st day of September, 1989  
 at Baltimore, Maryland  
 (County) (State) (L.S.)  
*June R. Brown*  
 NOTARY SEAL Notary Public  
 My Commission expires 7-1-90

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Sister's Birth Rec. #139-19-032787	Lancaster S C	10-27-19
2 Own Marriage Cert. #27899	Baltimore Md	11-17-46
3 N.C. Mutual Insurance Co. Policy 231266	Durham N C	Jul 14 1953
4		

  

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Hampton Alexander	Annie Cox
2 24 yrs old			
3 3-11-22	Lancaster Co SC		
4			

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

Registrar: *Ann H. Owens*Date filed: **October 19, 1989**

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.

*Alice Kiepatrick (DR)*  
 Signature and title of Reviewing Officer  
 DCRI

SEE INSTRUCTIONS ON REVERSE

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