

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050826

City of Birth	Fort Motte	County of Birth	Calhoun
Name at Birth	Thomas Jefferson Goodwyn Reid	Sex	Male
Date of Birth	8/12/22		
Full Name	Samuel Fraser Reid	FATHER	Race or Color
			Caucasian
Birth Date	8/21/1882	Place of Birth	South Carolina
		State or Country	
Maiden Name	Ellen Goodwyn Peterkin	MOTHER	Race or Color
			Caucasian
Birth Date	4/23/1896	Place of Birth	South Carolina
		State or Country	

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

(Exactly as used at present time)

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 26th day of June, 1980  
 at Calhoun County SC  
 (County) (State) (L.S.)  
 NOTARY SEAL  
 My Commission expires 12/28/81  
 Notary Public

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 St. Matthew's Parish Episcopal Church Baptismal Rec.	Ft. Motte, S.C.	8-12-22
2 Own Marriage License #27,033	Orangeburg Co, S.C.	6-22-50
3 U. S. Navy Discharge #932 46 22	Charleston, S.C.	4-12-46
4 Prudential Ins. Policy #27 902 864	Newark, N.J.	6-30-62

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 8-12-22	Ft. Motte, S.C.	Samuel F. Reid	Ellen G. Peterkin (Reid)
2 27 yrs.			
3 8-12-22	Ft. Motte, S.C.		
4 8-12-22	Ft. Motte, S.C.		

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

Registrar:

Date filed:

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.

Signature and Title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE