

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 23-048782

City of Birth		County of Birth	
		Calhoun	
Name at Birth	John Gold	Sex	Male
Date of Birth	Oct. 22, 1923		
Full Name		FATHER	Race or Color
Adam Gold			Black
Birth Date	app. 43 yrs. old	Place of Birth	State or Country
			S. C.
Maiden Name		MOTHER	Race or Color
Hannah White			Black
Birth Date	app. 32 yrs. old	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

John Gold
 (Exactly as used at present time)

* If married woman sign maiden name here also _____

Subscribed and sworn to before me this

13th

day of

June

1980

at *Calhoun* *South Carolina*
 (County) (State) (L.S.)

Kevin J. Carson
 Notary Public

NOTARY
SEAL

My Commission expires

My Commission Expires May 23, 1988

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Parents' marriage license #1711	St. Matthews, S.C.	Nov, 26, 1919
2 Calhoun Co. H. D. Health Service Record	St. Matthews, S. C.	July 26, 1973
3 Daughter's birth record #139-43-018591	St. Matthews, S. C.	May 18, 1943
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Adam Gold	Hannah White
2 10-22-23			
3 19 yrs.	Calhoun Co, S. C.		
4			

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

Registrar:

Ann G. Owens
 Date filed: *July 21, 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.

Dorothy B. Druggan, Clerk III
 Signature and Title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE