

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**

FATHER
 Full Name **Adam Gold** Race or Color **Black**
 Birth Date **app. 43 yrs. old** Place of Birth State or Country **S. C.**

MOTHER
 Maiden Name **Hannah White** Race or Color **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

at **Calhoun** **South Carolina** **13th** day of **June**, 19 **80**
 (County) (State) (L.S.) *Vivian F. 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:

Date filed:

Ann S. Owens
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