

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050969

City of Birth		County of Birth		Colleton	
Name at Birth	ELAINE GRANT		Sex	female	
Date of Birth		Jan 08 1922			
Full Name	David Grant		FATHER	Race or Color	Black
Birth Date	Dec	1886	Place of Birth	State or Country	S.C.
Maiden Name		Ether Folk		Race or Color	Black
Date of Birth		Nov 15 1889			
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

*Elaine Wright*

(Exactly as used at present time)

*Elaine Grant*

\* If married woman sign maiden name here also

Subscribed and sworn to before me this 9th day of November, 1982at Colleton (County) S.C. (State) (L.S.)NOTARY  
SEAL*Jaqueline A. Hudson*  
Notary Public  
My Commission expires Nov 23 1989

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	Dau. B.C. 156-50-0135199	New York, N.Y.	Sep 09 1950
2	Unity Mutual Life Ins. Co PN 007018147	Syracuse NY	Dec 05 1972
3	Sist. B.C. 139-30-025990	Walterboro, S.C.	Oct 08 1930
4			

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1	28	S.C.		
2	Jan 08 1922			
3			David Grant	Ether Folk
4				

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

Registrar

*Ann L. Owens*

Date filed:

*Nov. 22, 1982*

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

*Jaqueline A. Hudson*

SEE INSTRUCTIONS ON REVERSE