

## 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
Full Name		David Grant	FATHER	Race or Color
Birth Date		Dec 1886	Place of Birth	State or Country
Maiden Name		Ether Folk	MOTHER	Race or Color
Birth Date		Nov 15 1889	Place of Birth	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

\* If married woman sign maiden name here also

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

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

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