

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-051123

City of Birth

County of Birth **York**Name
at Birth**EDNA LEE BREAKFIELD**

Sex

FEMALEDate of
Birth**October 6, 1922**

Full Name

Robert Ward Breakfield FATHER

Race or Color

White

Birth Date

Unknown

Place of Birth

State or
Country**South Carolina**

Maiden Name

Annie Horn

MOTHER

Race or Color

White

Birth Date

Unknown

Place of Birth

State or
Country**South Carolina**

The above statements are true to the best of my knowledge and belief.

x Edna Lee Breakfield
 LEGAL SIGNATURE OF PERSON REGISTERED IF 18 YEARS OLD OR
 OLDER. SIGNATURE OF PARENT OR GUARDIAN IF PERSON
 REGISTERED IS UNDER 18 YEARS OF AGE.

Subscribed and sworn to before me this

8th

day of

March**1985**at **York**

(County)

South Carolina

(State) (L.S.)

John A. Anderson

Notary Public

My Commission expires

November 23, 1986NOTARY
SEAL

DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document		Place Issued	Date Filed
1	Brothers B/C #139-27-080248	York County, S.C.	July 8, 1987
2	Dr's Record (Dr. Sample)	Rock Hill, S.C.	1977
3	Health Dept. Record (York)	York, S.C.	1978
4			

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1		Robert Ward Breakfield	Annie Horn
2	10/6/22		
3	10/6/22	York County, 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

Carroll A. Anderson
March 15, 1985

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.

John A. Anderson
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE

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