

STATE OF NORTH CAROLINA
CERTIFICATION OF VITAL RECORD
MECKLENBURG COUNTY

LANCASTER COUNTY, SC
2024008875 AFFIDAVIT DEED BOOK
RECORDING FEES \$10.00
STATE TAX \$0.00
COUNTY TAX \$0.00
PRESENTED & RECORDED
07/26/2024 12:50:03 PM

REGISTER OF DEEDS - HEALTH DEPARTMENT

LANCASTER COUNTY ASSESSOR
Tax Map:
0141H 0A 0004000

CHARLOTTE, NORTH CAROLINA
CERTIFICATE OF DEATH

BRITTANY GRAIT
REGISTER OF DEEDS
LANCASTER, COUNTY SC
By: CANDICE PHILLIPS
BK: DEED 1814 PG: 292-292

00095 2024004609

STATE FILE NO. _____

1. DECEASED'S LEGAL NAME Beulah 2. SEX Female 3. AGE 92 4. RACE Black or African American 5. DATE OF BIRTH 07/09/1932 6. PLACE OF BIRTH Lancaster, SC 7. DATE OF DEATH July 9, 2024 8. PLACE OF DEATH Inpatient 9. FACILITY NAME Atrium Health Pineville Hospital 10. COUNTY OF DEATH Mecklenburg 11. COUNTY OF RESIDENCE Mecklenburg 12. OCCUPATION Machine Operator 13. RESIDENCE STREET AND NUMBER 5251 Pleasant Plains Road 14. DECEASED'S EDUCATION 9th-12th grade, no diploma 15. FATHER'S NAME Fletcher Clyburn 16. MOTHER'S NAME Leonard King 17. DECEASED'S RELATIONSHIP TO DECEASED Son 18. PLACE OF DISPOSITION Burial 19. BURIAL HOME Mt. Zion Baptist Church 20. SIGNATURE OF FUNERAL DIRECTOR Adis Glen Crawford III (Signature Authenticated) 21. SIGNATURE OF REGISTRAR Erka DeLia Nova (Signature Authenticated)	1. DECEASED'S LEGAL NAME Beulah 2. SEX Female 3. AGE 92 4. RACE Black or African American 5. DATE OF BIRTH 07/09/1932 6. PLACE OF BIRTH Lancaster, SC 7. DATE OF DEATH July 9, 2024 8. PLACE OF DEATH Inpatient 9. FACILITY NAME Atrium Health Pineville Hospital 10. COUNTY OF DEATH Mecklenburg 11. COUNTY OF RESIDENCE Mecklenburg 12. OCCUPATION Machine Operator 13. RESIDENCE STREET AND NUMBER 5251 Pleasant Plains Road 14. DECEASED'S EDUCATION 9th-12th grade, no diploma 15. FATHER'S NAME Fletcher Clyburn 16. MOTHER'S NAME Leonard King 17. DECEASED'S RELATIONSHIP TO DECEASED Son 18. PLACE OF DISPOSITION Burial 19. BURIAL HOME Mt. Zion Baptist Church 20. SIGNATURE OF FUNERAL DIRECTOR Adis Glen Crawford III (Signature Authenticated) 21. SIGNATURE OF REGISTRAR Erka DeLia Nova (Signature Authenticated)	1. DECEASED'S LEGAL NAME Beulah 2. SEX Female 3. AGE 92 4. RACE Black or African American 5. DATE OF BIRTH 07/09/1932 6. PLACE OF BIRTH Lancaster, SC 7. DATE OF DEATH July 9, 2024 8. PLACE OF DEATH Inpatient 9. FACILITY NAME Atrium Health Pineville Hospital 10. COUNTY OF DEATH Mecklenburg 11. COUNTY OF RESIDENCE Mecklenburg 12. OCCUPATION Machine Operator 13. RESIDENCE STREET AND NUMBER 5251 Pleasant Plains Road 14. DECEASED'S EDUCATION 9th-12th grade, no diploma 15. FATHER'S NAME Fletcher Clyburn 16. MOTHER'S NAME Leonard King 17. DECEASED'S RELATIONSHIP TO DECEASED Son 18. PLACE OF DISPOSITION Burial 19. BURIAL HOME Mt. Zion Baptist Church 20. SIGNATURE OF FUNERAL DIRECTOR Adis Glen Crawford III (Signature Authenticated) 21. SIGNATURE OF REGISTRAR Erka DeLia Nova (Signature Authenticated)
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RECORDED THIS 26th DAY
OF JULY, 2024
IN BOOK 00 PAGE 00

Auditor, Lancaster County, SC

RECORDED THIS 30th DAY
OF JULY, 2024
IN BOOK 00 PAGE 00

Auditor, Lancaster County, SC

THIS IS TO CERTIFY THIS IS A TRUE AND CORRECT REPRODUCTION OF THE
OFFICIAL RECORD FILED IN MECKLENBURG COUNTY

V 2024

WITNESS MY HAND AND OFFICIAL SEAL THIS DAY July 11, 2024

Dr. Raynard E. Washington
Public Health Director

Fredrick Smith
Register of Deeds

By Fredrick Smith
Assistant/Deputy Register of Deeds

