

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Johnson Benjamin Martin		STATE FILE OR BIRTH NUMBER 139 22 003111	
	BIRTH DATE Month Day Year March 3 1922	BIRTH PLACE City or Town Anderson	County State S C	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	Given name		C W, Jr	
	Day of birth		March 3 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Johnson Benjamin Martin Sr.</i>		RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON August 17 84		SIGNATURE OF NOTARY <i>Francis Fuller</i> NOTARY COMMISSION EXPIRES March 8 19 89	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)		RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY NOTARY COMMISSION EXPIRES 19	

DO NOT WRITE BELOW THIS LINE

ABSTRACT  
of  
Supporting  
Evidence  
(for health  
dept. use)

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
1	Marine Corps Discharge Record #1013550 Washington D C	Sept 26 1946
2	Same Document	
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Johnson Benjamin Martin BD March 3 1922	
2	Johnson Benjamin Martin BD March 3 1922	
3		

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION			
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.	ASSISTANT STATE REGISTRAR <i>Ann G. Owens</i>	EVIDENCE REVIEWED BY <i>Francis Fuller</i>	DATE FILED 8-21-84

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