

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139 22-050733

City of Birth	Gilford	County of Birth	Hampton
Name at Birth	EUGENE O. BENJAMIN	Sex	MALE
Full Name	Jurel Benjamin	FATHER	Race or Color Negro
Birth Date	Unknown	Place of Birth	State or Country S. C.
Maiden Name	Victoria Smart	MOTHER	Race or Color Negro
Birth Date	Unknown	Place of Birth	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

Eugene O Benjamin
(Exactly as used at present time)

* If married woman sign maiden name here also _____

Subscribed and sworn to before me this 30th day of May, 1979
at New York County New York (County) (State) (L.S.)
NOTARY SEAL *Elena M. Frazier*
My Commission expires _____
DO NOT WRITE BELOW THIS LINE

EDNA M. FRAZIER, Notary Public
State of New York #4658153
Qualified in New York County
Commission Expires March 30, 1981

ABSTRACT OF SUPPORTING EVIDENCE

Kind of Document	Place issued	Date Filed
1 Disc. US Army Ser.#34-550-632	Ft. Jackson, S.C.	11-12-45
2 N.Y. Chauffer's Lic#805504-29206-602547-22	New York	8-27-70
3 BR of brother-#139-24-036041	Columbia, S. C.	10-30-24
4		

Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 April 1, 1922	Gilford, S.C.		
2 4-1-22			
3		Jurel Benjamin	Victoria Smart
4			

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

Registrar: *Ann H. Owens*Date filed: *June 29, 1979*

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.

Paqueline J. Jordan Dep. Reg. 1
Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE