

## DELAYED CERTIFICATE OF BIRTH

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-048943

City of Birth Hartsville County of Birth Darlington

Name at Birth Calvin Oberon Johnson Sex Male Date of Birth October 21, 1923

FATHER

Full Name Calvin Johnson Race or Color White

Birth Date \_\_\_\_\_ Place of Birth South Carolina State or Country South Carolina

Mother's Name Addie Welch MOTHER Race or Color White

Birth Date \_\_\_\_\_ Place of Birth South Carolina State or Country South Carolina

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

Calvin O. Johnson  
 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 3rd day of December, 19 82  
 at Richland, South Carolina  
 (County) (State) (L.S.)

Signer B. Norman  
 Notary Public  
 My Commission expires September 24, 1991

NOTARY SEAL

DO NOT WRITE BELOW THIS LINE

## ABSTRACT OF SUPPORTING EVIDENCE

	Kind of Document	Place issued	Date Filed
1	Brother's Birth Cert. #139-21-027977	BVS Columbia SC	9/10/21
2	Social Security Appl #249-24-3993	Baltimore MD	Dec 1940
3	Marine Corps Discharge #405545	Quantico, VA	9/13/51
4			

  

	Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1			Calvin Johnson	Addie Welch
2	10/21/23	Darlington, SC	Calvin Johnson	Addie Welch
3	10/21/23	Hartsville, SC		
4				

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

Registrar: Anna J. Owens  
 Date filed: December 3, 1982

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.

Signer B. Norman, Chief Clerk  
 Signature and title of Reviewing Officer

SEE INSTRUCTIONS ON REVERSE