

DELAYED CERTIFICATE OF BIRTH

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Birth No. 139-23-048943

City of Birth <u>Hartsville</u>		County of Birth <u>Darlington</u>	
Name at Birth <u>Calvin Oberon Johnson</u>	Sex <u>Male</u>	Date of Birth <u>October 21, 1923</u>	
Full Name <u>Calvin Johnson</u>		Race or Color <u>White</u>	
FATHER			
Birth Date	Place of Birth	State or Country <u>South Carolina</u>	
Maiden Name <u>Addie Welch</u>		Race or Color <u>White</u>	
MOTHER			
Birth Date	Place of Birth	State or Country <u>South Carolina</u>	

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, 1982
 at Richland, South Carolina
(County) (State) (L.S.)

Lyman 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 9, 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.

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

SEE INSTRUCTIONS ON REVERSE