

041723/M

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH FRANKLIN PERRY MCCLURE			STATE FILE OR BIRTH NUMBER 139-23-010568			
	BIRTH DATE	Month APR	Day 13	Year 1923	BIRTH PLACE	City or Town GREENVILLE	County GREENVILLE
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's & father's surname		MCCLUEN		FRANKLIN PERRY MCCLURE		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Franklin P. McClure</i>					RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON JAN 22 1986		SIGNATURE OF NOTARY <i>Cynthia W. Henderson</i>			NOTARY COMMISSION EXPIRES MAY 07 95	
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	Parents marriage Lice No. 934 Greenville SC		AUG 22 1920
	2			
	3			
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	MCCLURE		
	2			
3				
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION			
1672	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>Cynthia Henderson</i>	DATE FILED 1-23-86