

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record Is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER		
	Joe Kirby Timmerman				139-16-092552		
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	
	October	31,	1916		Greenwood	Greenwood	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given Name & Surname			Unnamed		Joe Kirby Timmerman	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Joe Kirby Timmerman</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON January 23, 19 76		SIGNATURE OF NOTARY <i>Deloris B Moore</i>		NOTARY COMMISSION EXPIRES March 11, 19 85		
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	The Life Insurance Co. of Virginia Appl. #226891, Richmond, Va.					Dec. 5, 1932
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
DHEC No. 613 Rev. 11/73	1	Joe Kirby Timmerman					
	2						
	3						
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>Dois M. Bryan</i>		EVIDENCE REVIEWED BY <i>Laurie Bradley</i>		DATE FILED 1-30-76	