

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	State	
	October	31,	1916	Greenwood	Greenwood	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:					RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER) <i>Joe Kirby Timmerman</i>					Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES			
	January 23, 19 76		<i>Deloris B Moore</i>		March 11, 19 85			
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE							
	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 Appli.#226891, Richmond, Va.					Dec. 5, 1932	
	2							
	3							
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	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			EVIDENCE REVIEWED BY			DATE FILED		
<i>Dois M. Bryan RB</i>			<i>Laurie Bradley</i>			1-30-76		

DHEC No. 613

Rev. 11/73