

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 ROBIN ADAIR LITTLEJOHN				STATE FILE OR BIRTH NUMBER 139-22-002473	
	BIRTH DATE	Month Jan	Day 22	Year 1922	BIRTH PLACE Spartanburg	County SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name of child		Robin America		Robin Adair Littlejohn	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Robin Adair Littlejohn</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>October 28th 1987</i> SIGNATURE OF NOTARY <i>Annie Belle Harrison</i>				NOTARY COMMISSION EXPIRES My Commission Expires August 17, 1988	
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	

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	Social Security Appl #246-14-1076	Baltimore MD
	2		Sept 1939
	3		
DHEC No. 613 Rev. 2/75	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Robin Adair Littlejohn dob: 1-22-22	
	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>James B. Harrison</i>	EVIDENCE REVIEWED BY <i>James B. Harrison</i>
		DATE FILED 11-3-87	

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