

File Date 3/26/16

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

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		
	JOHN NEIL PARHAM				139-16-054208		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month	Day	Year	BIRTH PLACE	County State	
	March	24	1916		York	South Carolina	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	SHOULD BE	
	Given name				Neil Parham	John Neil Parham	
Birthdate				March 26 1916	March 24 1916		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>X John Neil Parham</i>					<i>X Self</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 29 1978</i>					NOTARY COMMISSION EXPIRES	
	<i>Judith A. Harrison</i>					<i>November 23 1986</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)					NOTARY COMMISSION EXPIRES	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON					19	
	SIGNATURE OF NOTARY					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	Pilot Life Insurance Policy #156585 (Greensboro, N. C.)					July 1 1964
	2	Pilot Life Insurance Policy #156585 (Greensboro, N. C.)					July 1 1964
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	John Neil Parham (3/24/16 DOB)					
	2	John Neil Parham (3/24/16 DOB)					
	3						
DHEC No. 613							
Rev. 2/75							
1855							
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>Doris M Byars</i>		<i>Judith Harrison</i>		4-17-78	