

021322/Fjah

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 Clara Fennell			STATE FILE OR BIRTH NUMBER 139-22-003810	
	BIRTH DATE Month Day Year Feb 02 1922	BIRTH PLACE City or Town Colleton Co, S.C.	County	State	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name of child		Omitted		Clara Fennell
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Clara F Jamison</i>			RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Feb 06 1989 19		SIGNATURE OF NOTARY <i>Jacqueline a Hudson</i>		NOTARY COMMISSION EXPIRES nov 13 1989 19
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	Colleton Regional Hospital Office Record Walterboro, SC	Jun 20 1969
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Clara Fennell Jamison	DOB Feb 02 1922
	2		
	3		
DHEC No. 613 Rev. 2/75 1545	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.		DATE FILED 2-10-89

ASSISTANT STATE REGISTRAR

EVIDENCE REVIEWED BY

DATE FILED