

# 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      |              |                                 |               |  |
|  | Johnny Roosevelt Connor  |   |                      | 16-085364                       |              |                                 |               |  |
| BIRTH DATE   | Month  | Day   | Year                 | BIRTH PLACE                     | City or Town | County                          | State         |  |
|  | Nov.   | 2,  | 1916                 |                                 | Dorchester,  |                                 | S. C.         |  |
| ITEMS TO BE AMENDED OR CORRECTED   | ITEM OMITTED OR IN ERROR   |   |                      | BIRTH CERTIFICATE SHOWS         |              | SHOULD BE                       |               |  |
|  | <del>given name</del>  |   |                      | <del>XXXXXXXX</del> Baby Connor |              | Johnny Roosevelt                |               |  |
|  |  |   |                      |                                 |              |                                 |               |  |
|  |  |   |                      |                                 |              |                                 |               |  |
| 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                                       |   |                      | SIGNATURE OF NOTARY             |              | NOTARY COMMISSION EXPIRES       |               |  |
|  | Jan. 14 19 76  |   |                      | Brenda Hunter                   |              | July 6 19 83                    |               |  |
| 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  | Employment statement; Holly Hill Lumber Company, Holly Hill, SC |                      |                                 |              |                                 | July 12, 1963 |  |
|  | 2  |   |                      |                                 |              |                                 |               |  |
|  | 3  |   |                      |                                 |              |                                 |               |  |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE  |  |   |                      |                                 |              |                                 |               |  |
| 1  | Name: Johnny Roosevelt   |   |                      | DOB: Nov. 2, 1916               |              |                                 |               |  |
| 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                      |               |  |
| Louis M. Byars   |  |   | Brenda Hunter        |                                 |              | 2-2-76                          |               |  |
|  |  |   | EB                   |                                 |              |                                 |               |  |

DHEC No. 613

Rev. 11/73