

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE OR BIRTH NUMBER			
	JAMES D. CLAMP			139-16-065235			
	BIRTH DATE Month Day Year June 1 1916	BIRTH PLACE City or Town Lexington		County S. C.		State	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given name omitted		Unnamed Clamp		JAMES D. CLAMP		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i>				RELATIONSHIP self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON March 7 1978		SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES September 19 1983		
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	Life Ins. Co. of Ga. Policy #20924455, Atlanta, Ga.					July 21, 1952
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	JAMES D. CLAMP (age 35 n.b.)					
	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>Doris M. Byars</i>		EVIDENCE REVIEWED BY <i>Janice L. Soy</i>		DATE FILED 3-14-78	

\$5 filing fee paid at LCHD

DHEC No. 613

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