

# 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	
	JAMES PERRY SMITH				139-16-046455	
BIRTH DATE	Month Jan	Day 2	Year 1916	BIRTH PLACE	City or Town Hodges	County Greenwood
				State S.C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name			James Peary		James Perry
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>James Perry Smith</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Feb 5 1976			SIGNATURE OF NOTARY <i>Deloris B Moore</i>		NOTARY COMMISSION EXPIRES March 11 1985

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	S.C. Driver's License #92205, Greenwood, S.C.	Jun 21 1957
	2		
	3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
	1	James Perry Smith	
	2		
	3		
ADDITIONAL INFORMATION			
DHEC No. 613 Rev. 11/73			
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>Deis M. Byaw for</i>	EVIDENCE REVIEWED BY <i>Deloris B Moore</i>
		DATE FILED 2-13-76	