

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 HENLY CALLAHAM JAMESON				STATE FILE OR BIRTH NUMBER 139-22-002820			
	BIRTH DATE	Month	Day	Year	CITY OR TOWN	COUNTY	STATE	
	January	18	1922	Abbeville	SC			
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Surname		Jamerson/Jameson		Jameson			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Henry C. Jameson</i>				RELATIONSHIP Self			
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON JAN 7 1987		SIGNATURE OF NOTARY <i>John P. Barrett Jr.</i>		NOTARY COMMISSION EXPIRES MAR 26, 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	Father's name on birth certificate						
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1								
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>Ann M. Owens</i> ea		EVIDENCE REVIEWED BY			
					DATE FILED 1-12-87			

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