

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 HENLY CALLAHAM JAMESON				STATE FILE OR BIRTH NUMBER 139-22-002820	
	BIRTH DATE	Month January	Day 18	Year 1922	CITY OR TOWN Abbeville	COUNTY 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		

DHEC No. 613

Rev. 2/75

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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