

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 ANDERSON KELLEY			139-22-005461			
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State
	FEB	14	1922				
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	CHILD'S GIVEN NAME		HAROLD KELLEY		JAMES ANDERSON KELLEY		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER) <i>James Anderson Kelley</i>				SELF		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	<i>January 12 1983</i>		<i>Wesley H. McCall</i>		September 17, 1991 My Commission Expires 19		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)						
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	19				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	U S PASSPORT (NO#)	HAMPTON VA FEB 18 1971	
	2			
	3			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1	JAMES ANDERSON KELLEY		DOB: FEB 14 1922	
2				
3				
DHEC No. 613 Rev. 2/75 <i>1317</i>	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>Ron G. Owens</i>	EVIDENCE REVIEWED BY <i>Wesley H. McCall</i>	DATE FILED <i>1-17-83</i>