

**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 <b>James A Teamer</b>				STATE FILE OR BIRTH NUMBER <b>139-22-002536</b>	
	Month <b>Jan</b>	Day <b>1</b>	Year <b>1922</b>	City or Town <b>Spartanburg</b>	County <b>SC</b>	State <b>SC</b>
	BIRTH DATE			BIRTH PLACE		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's given name			Omitted		James A Teamer
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i>					RELATIONSHIP <b>Self</b>
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Aug 22 1983</i> SIGNATURE OF NOTARY <i>Barbara R. Price</i>					NOTARY COMMISSION EXPIRES <i>Oct 21 1990</i>
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			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	<b>Independence Life Insurance Policy #BH 1791677 Jacksonville FL</b>	<b>Aug 2 1965</b>
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	<b>James A Teamer DOB: Jan 1 1922</b>	
2		
3		

DHEC No. 613

Rev. 2/75

**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

*[Signature]*

EVIDENCE REVIEWED BY

*[Signature]*

DATE FILED

**1/30/84**

*1538*