

m-3-10-22 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 JOHN HOWARD CAMP		STATE FILE OR BIRTH NUMBER 139-22-0003528	
	BIRTH DATE Month Day Year Jan. 16 1922	BIRTH PLACE City or Town Cherokee,	County Cherokee,	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE	
	child s name		OMitted John Howard Camp	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>John Howard Camp</i>		RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Mar 05 19 84		SIGNATURE OF NOTARY <i>John R. Webster</i> NOTARY COMMISSION EXPIRES Aug. 20 1985 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	Work Record Cherokee Finishing Co., Gaffney, SC	Nov. 02, 1954
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	John Howard Camp, dob Jan. 16, 1922	
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

*Alan D. Perkins*

EVIDENCE REVIEWED BY

*John R. Webster*

DATE FILED

3-6-84

1395