

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	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 1395	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>Alan B. Owens</i>		EVIDENCE REVIEWED BY <i>John R. Webster</i>		DATE FILED 3-6-84	