

AFFIDAVIT OF CORRECTIVE BIRTH RECORD

N/M - 1/30/22

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 Joseph Anderson		STATE FILE OR BIRTH NUMBER 22-001857	
	Month JAN	Day 24	Year 1922	BIRTH PLACE Lee S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name	NAME OMITTED		JOSEPH ANDERSON
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature: Nellie Rose Anderson]</i>		RELATIONSHIP Mother	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 1/12/81	SIGNATURE OF NOTARY <i>[Signature: Dealey C. Corbett]</i>		NOTARY COMMISSION EXPIRES 9/19/82
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature: William J. [unclear]]</i>		RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY <i>[Signature: Elizabeth K. [unclear]]</i>		NOTARY COMMISSION EXPIRES

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	Golden Eagle Life Ins. Policy #P262648 - Brooklyn, N.Y.	9/1/51
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	JOSEPH ANDERSON age 30 (next birthday)	
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>[Signature: Ann B. Owens]</i>	EVIDENCE REVIEWED BY <i>[Signature: Dealey C. Corbett]</i>	DATE FILED 1-15-81
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