

# AFFIDAVIT OF CORRECTION OF BIRTH RECORD

N/M - 1/30/22

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	<b>REGISTRANT'S FULL NAME AT BIRTH</b> Joseph Anderson		<b>STATE FILE OR BIRTH NUMBER</b> 22-001857		
	Month <b>BIRTH DATE</b>	Day <b>JAN 24 1922</b>	Year <b>1922</b>	City or Town <b>Lee</b>	County <b>Lee</b>
<b>ITEMS TO BE AMENDED OR CORRECTED</b>	<b>ITEM OMITTED OR IN ERROR</b>		<b>BIRTH CERTIFICATE SHOWS</b>		<b>SHOULD BE</b>
	Given name		NAME OMITTED		JOSEPH ANDERSON
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature: Sallie Rose Anderson]</i>				RELATIONSHIP Mother
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON 1/12/81		SIGNATURE OF NOTARY <i>[Signature: Percy C. Corbett]</i>		NOTARY COMMISSION EXPIRES 9/19/82
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature: William J. Keen]</i>				RELATIONSHIP
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY <i>[Signature: Percy C. Corbett]</i>		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	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

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: Ann B. Owens]*

EVIDENCE REVIEWED BY

*[Signature: Percy C. Corbett]*

DATE FILED

1-15-81

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