

AFFIDAVIT OF CORRECTION TO BIRTH RECORD White/Male/File date: 3/4/22
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 2 of 2

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|---|--|----------------|---|---|---|-------|
| Enter Correct Information Concerning Person Whose Birth Record Is Being Amended | REGISTRANT'S FULL NAME AT BIRTH J. D. (Initials only) COBB | | | STATE FILE OR BIRTH NUMBER 139-22-003586 | | |
| | BIRTH DATE | Month Day Year | BIRTH PLACE | City or Town | County | State |
| | Feb 5 1922 | | Cherokee Co., SC | | | |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | |
| | Given name clarification | | JS | | J. D. COBB | |
| | Date of Birth | | Feb 9 1922 | | Feb 5 1922 | |
| | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>J. D. Cobb</i> | | | | RELATIONSHIP Same | |
| NOTARY [AFFIX SEAL] | SUBSCRIBED AND SWORN TO BEFORE ME ON Feb 21 1978 19 | | SIGNATURE OF NOTARY <i>Virginia P. Maloney</i> | | NOTARY COMMISSION EXPIRES Jan 17 1983 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

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|--|---|---|---|
| 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 | Army Sep. papers #34 865 412, Sep. C. Cp. Gordon, GA | Feb 9 1946 |
| | 2 | Army Sep. papers #34 865 412, Sep. C. Cp. Gordon, GA | Feb 9 1946 |
| | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | |
| | 1 | J. D. COBB, DOB: Feb 5 1922 | |
| | 2 | Feb 5 1922 | |
| | 3 | | |
| DHEC No. 613 Rev. 2/75 <i>0650</i> | 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>Doris M. Byars md</i> | EVIDENCE REVIEWED BY <i>Virginia P. Maloney</i> DATE FILED <i>2/23/78</i> |