

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Clark P. Humphries					STATE FILE OR BIRTH NUMBER 139-22-000758	
	BIRTH DATE	Month Jan	Day 17	Year 1922	BIRTH PLACE City or Town Chester	County Chester	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's Name		A.D. Humphries		Clark P. Humphries		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Clark P. Humphries</i>					RELATIONSHIP Sister	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>29/9/84</i>		SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES <i>2-6-89</i>		
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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		

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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	Military Record SC Roster of Servicemen #34510049 Cola Sc	Sep 13 1945
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Clark P Humphries DOB: Jan 17 1922	
2		
3		

DHEC No. 613

Rev. 2/75

0348

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>[Signature]</i>	EVIDENCE REVIEWED BY <i>[Signature]</i>	DATE FILED <i>10/11/84</i>