

## 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 <b>James Homer Lanford, Jr.</b>			STATE FILE OR BIRTH NUMBER <b>16 091751</b>		
	Month <b>Dec.</b>	Day <b>29,</b>	Year <b>1916</b>	BIRTH PLACE <b>Spartanburg, S.C.</b>	City or Town	County State
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	name of child			unnamed		James Homer Lanford, Jr.
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>James Homer Lanford, Jr.</i>				RELATIONSHIP <b>self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Oct. 10 1978</b>			SIGNATURE OF NOTARY <i>Barbara R. Price</i>		NOTARY COMMISSION EXPIRES <b>Oct. 22 1980</b>
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 <b>19</b>			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES <b>19</b>

## 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	Investors Syndicate Life Ins. and Annuity Co., Minneapolis, Minn.	Sep. 10, 1959
2	#15-114987	
3		

## INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	James Homer Lanford (Dec. 29, 1916)
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

*Doris M. Ryan GR*

EVIDENCE REVIEWED BY

*Barbara R. Price*  
VR, Spartanburg CHD

DATE FILED

**10-12-78****0480**