

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				STATE FILE OR BIRTH NUMBER		
	JANIE CAMPBELL				16-072412		
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	
	Aug	23	1916		Dillon	Dillon	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Name			Unnamed		Janie Campbell	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)				Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	Jun 8	19 76	<i>Delores H. Sherman</i>		9-18-	19 83	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Verified by Marriage Lic. of Janie Campbell issued in Dillon Co.					9-18-33
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Name reads Janie Campbell					
	2						
	3						
	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		EVIDENCE REVIEWED BY	DATE FILED	
			<i>Doris M. Byars</i>		Delores H. Sherman	6-11-76	

DHEC No. 613

Rev. 11/73