

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL **Page 2 of 2**

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH John Wilson Hammond		STATE FILE OR BIRTH NUMBER 139-16-056822		
	Month April	Day 4	Year 1916	BIRTH PLACE City or Town County State Marlboro S. C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		
	Given name		James		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:			RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>John Wilson Hammond</i>			own record	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES	
	Feb 10 1978	<i>Clarence Calhoun</i>	My	Commission Expires Dec. 18, 1979 19	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:			RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)			NOTARY COMMISSION EXPIRES	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES	
	19			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	U.S. Navy Discharge record #330-99-17 Jacksonville, Fla.			May 22, 1944
	2				
	3				
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
	1	John Wilson Hammond (dob April 4, 1916)			
ADDITIONAL INFORMATION					
DHEC No. 613					
Rev. 2/75					
0233					
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>Haris M. Byars</i>	EVIDENCE REVIEWED BY <i>Mary Drake</i>	DATE FILED 2-28-78	