

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 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: SIGNATURE OF PARENT (OR OTHER) <i>John Wilson Hammond</i>			RELATIONSHIP own record
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON Feb 10 1978		SIGNATURE OF NOTARY <i>Clarence Calhoun</i> My	NOTARY COMMISSION EXPIRES Commission Expires Dec. 18, 1979 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

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)		
2			
3			

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

Arlis M. Byars mlc

EVIDENCE REVIEWED BY

Mary Drake

DATE FILED

2-28-78