

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**      DOF/06/23/16  
**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>Clyde James Medlin</b>			STATE FILE OR BIRTH NUMBER <b>139-16-063735</b>	
	BIRTH DATE	Month <b>June</b>	Day <b>11,</b>	Year <b>1916</b>	CITY OR TOWN <b>Chesterfield</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE
	Name in error		<b>James Clyde Medlin</b>		<b>Clyde James Medlin</b>
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Johnnie E. Medlin</i>			RELATIONSHIP (Mr. Medlin-Deceased) Wife	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>July 15,</b> <b>19 76</b>		SIGNATURE OF NOTARY <i>Lena R. Brooks</i>		NOTARY COMMISSION EXPIRES <b>April 14,</b> <b>19 82</b>
ABSTRACT of Supporting Evidence (for health dept. use)	<b>DO NOT WRITE BELOW THIS LINE</b>				
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)				DATE ORIGINAL DOCUMENT WAS MADE
	1	<b>S.C. Driver's License #75604 filed in Columbia, S.C.</b>			<b>06/04/57</b>
	2				
	3				
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1	<b>Clyde James Medlin</b>				
2					
3					
DHEC No. 613 Rev. 11/73	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>Kevin M. Ryan #2</i>	EVIDENCE REVIEWED BY <i>Lena R. Brooks</i>		DATE FILED <b>7-26-76</b>