

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 Clyde James Medlin			STATE FILE OR BIRTH NUMBER 139-16-063735		
	BIRTH DATE	Month June	Day 11,	Year 1916	City or Town Chesterfield	County S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Name in error			James Clyde Medlin		Clyde James Medlin
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 July 15,		19 76	SIGNATURE OF NOTARY <i>Lena R. Brooks</i> NOTARY COMMISSION EXPIRES April 14, 19 82		
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	S.C. Driver's License #75604 filed in Columbia, S.C.				06/04/57
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
1	Clyde James Medlin					
2						
3						
ADDITIONAL INFORMATION						
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic. </div> <div style="width: 30%;"> ASSISTANT STATE REGISTRAR <i>Kevin M. Ryan</i> </div> <div style="width: 30%;"> EVIDENCE REVIEWED BY <i>Lena R. Brooks</i> </div> <div style="width: 10%;"> DATE FILED 7-26-76 </div> </div>						

DHEC No. 613

Rev. 11/73