

**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 Clarence Holmes						STATE FILE OR BIRTH NUMBER 139-22-000473	
	BIRTH DATE	Month Jan	Day 5,	Year 1922	BIRTH PLACE	City or Town Charleston	County Charleston,	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS			SHOULD BE		
	GIVEN NAME		EDWARD			CLARENCE HOLMES		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <input checked="" type="checkbox"/> <i>Clarence Holmes</i>						RELATIONSHIP Mother	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Oct. 26, 19 84			SIGNATURE OF NOTARY <i>Sandra L. Stokes</i>			NOTARY COMMISSION EXPIRES 4-11 19 88	
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	New South Life Ins. Policy, Columbia, S.C. #345147	12-1-65	
	2			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	NAME: Clarence Holmes Age Nearest Birthday: 44		
	2			
	3			
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION			
1112	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>Clarence Holmes</i>	EVIDENCE REVIEWED BY <i>Jim R. Bates</i>	DATE FILED 12/31/84