

DOF/03/10/22

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			STATE FILE OR BIRTH NUMBER		
	John Peter McLain			139-22-003679		
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County
	February	7	1922		Chesterfield	S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Surname			McLean		McLain
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>John Peter McLain</i>					RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Aug 21</i> 19 <i>81</i>			SIGNATURE OF NOTARY <i>Tamara R. Brooks</i>		NOTARY COMMISSION EXPIRES <i>Dec 14</i> 19 <i>89</i>
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			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	Sister & Brother's Birth Record #139-17-032476 & #139-25-037954	10/25/17 & 2/7/22
2	VR., Columbia, S.C.	
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	McLain	
2		
3		

DHEC No. 613

Rev. 2/75

0996

ADDITIONAL INFORMATION		EVIDENCE REVIEWED BY		DATE FILED
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>Ann L. Owens</i>		<i>Lerra R. Brooks</i> 8-31-81