

414085

## 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 Grady Henry Hammond				STATE FILE OR BIRTH NUMBER 139- 22-051045	
	BIRTH DATE	Month Dec	Day 2	Year 1922	CITY OR TOWN Anderson	COUNTY S C
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name		Grady H		Grady Henry Hammond	
	year of birth		Not clear		Dec 2 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Grady H Hammond</i>				RELATIONSHIP self	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON January 16 1984		SIGNATURE OF NOTARY <i>Liana Fuller</i>		NOTARY COMMISSION EXPIRES March 8 1989	
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	Navy Discharge #971 43 08 Charleston D C				April 7 1945
	2	Same Document				
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Grady Henry Hammond, BD Dec 2 1922					
2	Grady Henry Hammond, BD Dec 2 1922					
3						
ADDITIONAL INFORMATION						
DHEC No. 613 Rev. 2/75  0923		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>Qu J. Davis</i>		EVIDENCE REVIEWED BY <i>Liana Fuller</i>
				DATE FILED 1/24/84		