

DOF/03/06/22

## AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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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				STATE FILE OR BIRTH NUMBER	
	Mamie Johnson				139-22-003694	
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town
		Feb.	24	1922		Chesterfield
						State
						S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's Given Name		Unnamed Johnson		Mamie Johnson	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Mamie J. Jones</i>				Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY	
	19				NOTARY COMMISSION EXPIRES 19	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)					
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY	
	<i>August 27 1982</i>				<i>10 - 24 - 1986</i>	
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	N.C. Driver's License#1300415, Raleigh, N.C.				02-26-63
	2					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1 Mamie Johnson(Jones)-(DOB-02-24-22)					
	2					
	3					
	ADDITIONAL INFORMATION					
DHEC No. 613						
Rev. 2/75						
1230						
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	
					EVIDENCE REVIEWED BY	
					DATE FILED	
					<i>Ann Owens Lena R Brooks 9/8/82</i>	