

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 Mamie Johnson				STATE FILE OR BIRTH NUMBER 139-22-003694			
	BIRTH DATE	Month Feb.	Day 24	Year 1922	BIRTH PLACE	City or Town Chesterfield County 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: SIGNATURE OF PARENT (OR OTHER) <i>Mamie J. Jones</i>				RELATIONSHIP Self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19			
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 <i>August 27 1982</i>		SIGNATURE OF NOTARY <i>Paul E. Hall</i>		NOTARY COMMISSION EXPIRES <i>10 - 24 - 86</i>			
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	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							
DHEC No. 613 Rev. 2/75 <i>1230</i>	ADDITIONAL INFORMATION							
	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 Owens</i>		EVIDENCE REVIEWED BY <i>Lena R Brooks</i>		DATE FILED <i>9/8/82</i>	