

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			STATE FILE OR BIRTH NUMBER		
	COHEN HALL			#139-16-058381		
BIRTH DATE	Month	Day	Year	CITY OR TOWN	COUNTY	STATE
	April	13	1916	AIKEN	S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	DATE OF BIRTH			April 11, 1916		April 13, 1916
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER) <i>Cohen Hall</i> (Cohen Hall)					
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<i>February 27 1976</i>		<i>Donna B. Starling</i>		<i>November 7 1977</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	Enlisted Record & Report of Separation-Discharge, Fort Dix, N. J.				10/8/45
	2	#34196637.				
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Date of Birth: April 13, 1916					
2						
3						
DHEC No. 613 Rev. 11/73	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	EVIDENCE REVIEWED BY		DATE FILED	
		<i>Donna M. Byars</i>		<i>Barbara M. Horne</i>		<i>3/2/76</i>