

M/FEB 03 1923

## 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 <b>WILLIE W EDWARDS JR</b>			STATE FILE OR BIRTH NUMBER <b>139-23-000039</b>		
	BIRTH DATE	Month <b>JAN</b>	Day <b>27</b>	Year <b>1923</b>	BIRTH PLACE	County <b>Abbeville</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	given name			WILLIAM WASHINGTON EDWARDS		WILLIE W EDWARDS JR
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Willie W Edwards Jr</i>				RELATIONSHIP <b>SELF</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>July 6, 1981</b>			SIGNATURE OF NOTARY <i>Stacia Noyce</i>		NOTARY COMMISSION EXPIRES <b>May 8, 1984</b>
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	Army Discharge #33 736 661			Ft. George Meade MD	31 DEC 1945
	2					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	WILLIE W EDWARDS JR			DOB: 1/27/23	
	2					
	3					
DHEC No. 613	ADDITIONAL INFORMATION					
Rev. 2/75	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 S. Darnley</i>		EVIDENCE REVIEWED BY <i>Stacia Noyce</i>	DATE FILED <b>7-5-81</b>

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