

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH RICHARD BOYKIN POOL			STATE FILE OR BIRTH NUMBER 139-22-001366	
	BIRTH DATE Month January Day 3 Year 1922	BIRTH PLACE City or Town Greenville	County Greenville	State SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE
	Surname		Poole		Pool
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>Richard Boykin Pool</i>			RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON October 28 19 86		SIGNATURE OF NOTARY <i>Lynne B. Homan</i>		NOTARY COMMISSION EXPIRES September 24 19 91
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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES

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	Parents' Marriage License #3676, Kershaw County, SC	June 1 1920
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Pool	
	2		
	3		
DHEC No. 613 Rev. 2/75	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 L. Owens</i>	EVIDENCE REVIEWED BY <i>Lynne B. Homan</i>
			DATE FILED 10-28-86

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