

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 George Pearson				STATE FILE OR BIRTH NUMBER 139- 22-051089	
	BIRTH DATE	Month December	Day 31	Year 1922	CITY OR TOWN Fairfield	COUNTY Fairfield

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name abbreviated	Geo Pearson	George Pearson
	Birthdate unclear	December 31, 1921	December 31, 1922

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature: George Pearson]</i>	RELATIONSHIP Self
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>[Signature: J. L. V. R. H.]</i> 19 <i>[Signature: J. L. V. R. H.]</i>	SIGNATURE OF NOTARY <i>[Signature: J. L. V. R. H.]</i>	NOTARY COMMISSION EXPIRES <i>[Signature: J. L. V. R. H.]</i> 19 <i>[Signature: J. L. V. R. H.]</i>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
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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	NO EVIDENCE REQUIRED.	
	2	NO EVIDENCE REQUIRED.	
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1			
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>[Signature: J. L. V. R. H.]</i>	EVIDENCE REVIEWED BY <i>[Signature: J. L. V. R. H.]</i>
<i>1488</i>			DATE FILED <i>8/2/84</i>