

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

Page 2 of 2

|   |   |   |  |                                   |   |                                 |          |
|---|---|---|--|-----------------------------------|---|---------------------------------|----------|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended | <b>REGISTRANT'S FULL NAME AT BIRTH</b>  |   |  | <b>STATE FILE OR BIRTH NUMBER</b> |   |                                 |          |
|   | Nathaniel White   |   |  | 139-23-001964                     |   |                                 |          |
|   | BIRTH DATE  | Month<br>Jan  | Day<br>26  | Year<br>1923                      | BIRTH PLACE   | City or Town<br>Ornageburg, SC  |          |
|   |   |   |  |                                   | County  | State                           |          |
| <b>ITEMS TO BE AMENDED OR CORRECTED</b>   | ITEM OMITTED OR IN ERROR  |   | BIRTH CERTIFICATE SHOWS                            |                                   | SHOULD BE   |                                 |          |
|   | Child's Name  |   | Lawrence White                                     |                                   | Nathaniel White                                       |                                 |          |
|   |   |   |  |                                   |   |                                 |          |
|   |   |   |  |                                   |   |                                 |          |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>Nathaniel White</i> |   |  |                                   | RELATIONSHIP<br>self                                  |                                 |          |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><i>Jan. 2</i> 19 <i>80</i>  |   | SIGNATURE OF NOTARY<br><i>Robert H. Robinson</i>   |                                   | NOTARY COMMISSION EXPIRES<br><i>1/10</i> 19 <i>88</i> |                                 |          |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)                        |   |  |                                   | RELATIONSHIP  |                                 |          |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19  |   | SIGNATURE OF NOTARY                                |                                   | NOTARY COMMISSION EXPIRES<br>19                       |                                 |          |
| DO NOT WRITE BELOW THIS LINE  |   |   |  |                                   |   |                                 |          |
| <b>ABSTRACT of Supporting Evidence (for health dept. use)</b>                   | NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)  |   |  |                                   |   | DATE ORIGINAL DOCUMENT WAS MADE |          |
|   | 1   | N.Y. Dr's Lic. #W08337 85033 631150-23 Brooklyn, N.Y. |  |                                   |   |                                 | 10-22-70 |
|   | 2   |   |  |                                   |   |                                 |          |
|   | 3   |   |  |                                   |   |                                 |          |
|   | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE   |   |  |                                   |   |                                 |          |
|   | 1   | Nathaniel White DOB: 1-26-23                          |  |                                   |   |                                 |          |
|   | 2   |   |  |                                   |   |                                 |          |
| <b>DHEC No. 613</b><br>Rev. 2/75<br><br><i>0720</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<br><i>Chris D. Owens</i> |                                   | EVIDENCE REVIEWED BY<br><i>Lepan B. Homan</i>         |                                 |          |
|   |   |   |  |                                   | DATE FILED<br><i>1-10-80</i>                          |                                 |          |