

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	
	Joseph Arthur Trotter				139 16 084187	
	BIRTH DATE	Month November	Day 23	Year 1916	BIRTH PLACE	City or Town Anderson
					County South Carolina	State
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name			Omitted		Joseph Arthur
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Joseph Arthur Trotter</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 17</i> 19 <i>76</i>		SIGNATURE OF NOTARY <i>James V. Fuller</i>		NOTARY COMMISSION EXPIRES <i>July 29</i> 19 <i>79</i>	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE					
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE
	1	Registrant's Marriage License #6336 Greenville, County, S. C.				Aug 23 1942
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Joseph Arthur Trotter				
	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 <i>Doris M. Byars</i>		EVIDENCE REVIEWED BY <i>Beth R. Mullikin</i>	DATE FILED <i>5-19-76</i>