

# 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	
	George William Dickard		139-16-091185 Vol. 164	
	BIRTH DATE	BIRTH PLACE	County	State
	Month      Day      Year December 22, 1916	City or Town	Oconee	S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	Clarification of Name		Should Be	
			Geo. William	
			George William	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Maggie Ann Dickard</i>		RELATIONSHIP <i>mother</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Jan 28 1975</i>	SIGNATURE OF NOTARY <i>Joe B. Vickery</i>	NOTARY COMMISSION EXPIRES <i>Aug 21 1980</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	No evidence required.		
	2			
	3			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1	GEORGE WILLIAM DICKARD			
2				
3				
ADDITIONAL INFORMATION				
DHEC No. 613 Rev. 11/73				
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>Norris M. Dupree (jr)</i>	EVIDENCE REVIEWED BY <i>Julius W. Davis</i>	DATE FILED <i>7-31-75</i>