

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	REGISTRANT'S FULL NAME AT BIRTH Roy Monroe Chastain				STATE FILE OR BIRTH NUMBER 139-23-002021		
	Month BIRTH DATE	Day Jan	Year 1923	City or Town Easley	County Pickens	State S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's name		Unnamed Chastain		Roy Monroe Chastain		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Roy Monroe Chastain</i>				RELATIONSHIP self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>October 11 = 19 78</i>		SIGNATURE OF NOTARY <i>Jay B. Moore</i>		NOTARY COMMISSION EXPIRES <i>Sept. 6 = 19 81</i>		
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 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19		

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	Social Security Appl # 250-18-0988	Baltimore, Md 9/38	
	2			
	3			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1	Roy Monroe Chastain (DOB 1-1-23)			
2				
3				
ADDITIONAL INFORMATION				
DHEC No. 613 Rev. 2/75 <i>0529</i>		ASSISTANT STATE REGISTRAR <i>Dois M. Byars GR</i>	EVIDENCE REVIEWED BY <i>Babara H. Robinson</i>	DATE FILED <i>10-19-78</i>
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				