

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 Barney Roberson Ethridge | | | | STATE FILE OR BIRTH NUMBER 139-22-001309 | | | |
| | BIRTH DATE | Month Jan | Day 01 | Year 22 | CITY OR TOWN Georgetown | COUNTY S. C. | | |
| ITEMS TO BE AMENDED OR CORRECTED | IF PARTIALLY OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | | | |
| | Given Name | | Barnis robert | | Barney Roberson Ethridge | | | |
| | Birthdate | | January 2 | | January 1, 1922 | | | |
| | | | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Barney Ethridge</i> | | | | RELATIONSHIP Self | | | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON January 11, 1984 | | SIGNATURE OF NOTARY <i>Belva O. Wingate</i> | | NOTARY COMMISSION EXPIRES Nov. 29, 1987 | | | |
| 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 | Application for Voter Registration #0418524, Georgetown, S. C. | | | | | Jan. 8, 1968 | |
| | 2 | Application for Voter Registration #0418524, Georgetown, S. C. | | | | | Jan. 8, 1968 | |
| | 3 | | | | | | | |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | | | | | | | |
| | 1 | Barney Roberson Ethridge | | | | | | |
| | 2 | January 1, 1922 | | | | | | |
| | 3 | | | | | | | |
| DHEC No. 613 Rev. 2/75 <i>0780</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 <i>Dwight Owens</i> | | EVIDENCE REVIEWED BY <i>Belva O. Wingate</i> | | DATE FILED 01/16/84 | |