

02-11-22 M dak

# 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 <b>CHARLIE RHODES</b>			STATE FILE OR BIRTH NUMBER <b>139-22-005876</b>		
	BIRTH DATE	Month <b>February</b>	Day <b>09</b>	Year <b>1922</b>	City or Town <b>Sumter</b>	County <b>South Carolina</b>
	BIRTH PLACE				State	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	
ITEMS TO BE AMENDED OR CORRECTED	Given name of child				James	
					Charlie Rhodes	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Charlie Rhodes</i>					RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON March 08 19 91				SIGNATURE OF NOTARY <i>Ann S. Lindall</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)					NOTARY COMMISSION EXPIRES December 11 19 2000
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY	
						NOTARY COMMISSION EXPIRES

DO NOT WRITE BELOW THIS LINE

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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 App. #247-20-1432, Baltimore, Md	02-08-82
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Charlie Rhodes, DOB February 09, 1922	
2		
3		

ADDITIONAL INFORMATION

DHEC No. 613

Rev. 2/75

0610

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

*Ann S. Lindall*

EVIDENCE REVIEWED BY

*Ann S. Lindall*

DATE FILED

3-12-91