

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 JOSEPH MARION AIKEN				STATE FILE OR BIRTH NUMBER 139-	
	BIRTH DATE	Month Sep	Day 20	Year 1922	BIRTH PLACE	County Anderson State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Date of birth		Sep 20, 1923		Sep 20, 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SENSELESSLY <i>Joseph Marion Aiken</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>27 June 1979</i>		SIGNATURE OF NOTARY <i>Sara E. Aiken</i>		NOTARY COMMISSION EXPIRES <i>16 March 1981</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Corrie Lou Aiken</i>				RELATIONSHIP Mother	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>27th June 1979</i>		SIGNATURE OF NOTARY <i>Sara E. Aiken</i>		NOTARY COMMISSION EXPIRES <i>16 March 1981</i>	
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	SS Appl # 251-18-7527 Baltimore, MD				Nov 13 1939
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Joseph Marion Aiken (DOB 9-20-22)				
	2					
DHEC No. 613 Rev. 2/75	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>Ann H. Owens (Acting)</i>		EVIDENCE REVIEWED BY <i>Barbara H. Ralbrough</i>	DATE FILED <i>7-5-79</i>