



Affidavit of Correction to Birth Record
Division of Vital Records

Date 09/17/2010

The birth certificate of LOUIS FARMER MOSS is not the same in every respect as requested by you.

The affidavit below is sufficient for some minor corrections; however, other corrections must be supported by submission of documentary evidence. See the enclosed instructions for corrections that require documentary evidence or the signatures of both parents.

1. Complete only the upper half of the affidavit.
2. Use black typewriter ribbon or print using black or blue-black ink.
3. Affidavit must be signed in the presence of a notary public or other officer having official seal.
4. Signatures must be written, NOT printed.
5. Affidavit must be signed as outlined in enclosed instructions.
6. Affidavit is not acceptable if erasures or alterations are made.

| Affidavit of Correction to Birth Record SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL Page 2 of 2 REGISTRANT'S FULL NAME AT BIRTH | | | | STATE FILE OR BIRTH NUMBER | | | | |
|---|---|------------------|------------|---|---------------------------------|---|--|-----------------------|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended | LOUIS FARMER MOSS | | | 139-22-000669 | | | | |
| | BIRTH DATE | Month January | Day 05, | Year 1922 | BIRTH PLACE Cherokee Falls | County Cherokee | State SC | |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | | |
| | Child's Given Name | | | Lois Farmer | | Louis Farmer Moss | | |
| | Child's Sex | | | Female | | Male | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i> | | | | RELATIONSHIP Self | | | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON 09/17/2010 | | | SIGNATURE OF NOTARY <i>[Signature]</i> | | NOTARY COMMISSION EXPIRES 09/02/2019 | | |
| 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 | | | SIGNATURE OF NOTARY | | NOTARY COMMISSION EXPIRES | | |
| 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. Centralized High School Record, (No #), Blacksburg, SC | | | | | 01/01/1928 | | |
| | 2. SC Voter Registration Application #0-246-243, Cherokee County, SC | | | | | 05/10/1968 | | |
| | 3. | | | | | | | |
| | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE. | | | | | | | |
| 1. Louis Farmer Moss dob: Jan 5 1922 | | | | | | | | |
| 2. Sex: Male Louis Farmer Moss DOB:01/05/1922 | | | | | | | | |
| 3. | | | | | | | | |
| 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. | | | | | REGISTRAR <i>[Signature]</i> | | EVIDENCE REVIEWED BY <i>[Signature]</i> | DATE FILED 9-22-10 |