

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**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 Legrand Charles Nelson				STATE FILE OR BIRTH NUMBER 139-22-001939	
	BIRTH DATE	Month January	Day 19	Year 1922	BIRTH PLACE	City or Town Marion County Marion State SC

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name of child	Charles Legrand	Legrand Charles Nelson

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER] <i>Legrand Charles Nelson</i>	RELATIONSHIP Self
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>1/8 1986</i>	SIGNATURE OF NOTARY <i>Joseph H. ...</i>	NOTARY COMMISSION EXPIRES <i>7/1 1986</i>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER]	RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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 Bethlehem Steel Corporation Emp.Rec., Sparrows Point, Md.	Sep 22 1950
	2	

ABSTRACT of Supporting Evidence [for health dept. use]	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE
	1 Legrand Charles Nelson, DOB Jan 19 1922
	2

DHEC No. 813 Rev. 2/75	ADDITIONAL INFORMATION
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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 J. Rivers</i>	EVIDENCE REVIEWED BY <i>Louis ... Kendall</i>	DATE FILED 2-25-86
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