

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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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 State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	
	Given name of child				Charles Legrand	
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	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>1/8 1986</i> SIGNATURE OF NOTARY <i>✓ Joseph H. Hester</i>				NOTARY COMMISSION EXPIRES <i>7/1 1986</i>	
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____	
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	Bethlehem Steel Corporation Emp.Rec., Sparrows Point, Md.				Sep 22 1950
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Legrand Charles Nelson, DOB Jan 19 1922				
ADDITIONAL INFORMATION						
DHEC No. 813 Rev. 2/75						
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 G. Rivers</i>		EVIDENCE REVIEWED BY <i>Chris Ann S. Kendall</i>		
				DATE FILED 2-25-86		

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