

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

M/Feb 08 1922

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			STATE FILE OR BIRTH NUMBER		
	Erskin C Watts			139-22-001792		
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	Jan	12	1922	Laurens	SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name		Eston		Erskin C Watts	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Erskin C Watts</i>				RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 7/2/86				SIGNATURE OF NOTARY NOTARY COMMISSION EXPIRES My Commission Expires Mar. 31, 1988	
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	
	19				19	

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	Bob Thomas Ford, Inc. Employment application, no #, Hamden, CT	Jan 12 1979
	2		
	3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	Erskin C Watts, DOB: Jan 12 1922		
2			
3			
ADDITIONAL INFORMATION			
DHEC No. 613 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 H. Owens</i>	EVIDENCE REVIEWED BY <i>Margaret Keathus</i>
		DATE FILED 07-28-86	

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