

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			
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State
	Jan	12	1922				
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:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)				self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	7/2 1986				My Commission Expires Mar. 31, 1988		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)						
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		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Erskin C Watts, DOB: Jan 12 1922	
	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 	EVIDENCE REVIEWED BY

1715