

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**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			
	Thomas Edwards			139-22-004487			
	Month	Day	Year	City or Town	County	State	
BIRTH DATE	Jan	25	1922	Greenwood	SC		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Date of birth			Feb 24 1922		Jan 25 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Thomas Edwards</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>this 15 day of NOV 1983</i>			SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES 19	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP WILLIAM H. VINA		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>11/15/83</i>			SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES NO. 31-9465300 QUALIFIED IN NEW YORK COUNTY COMMISSION EXPIRES MARCH 30, 1984	
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	Social Security Application #093-12-06757 Baltimore Md					Apr 19 1940
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	Thomas Edwards DOB: Jan 25 1922						
2							
3							
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 2/75 <i>1578</i>			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>[Signature]</i>		
			EVIDENCE REVIEWED BY <i>[Signature]</i>		DATE FILED <i>112583</i>		