

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 Thomas Edwards			STATE FILE OR BIRTH NUMBER 139-22-004487	
	Month Jan	Day 25	Year 1922	City or Town Greenwood	County SC
	BIRTH DATE			BIRTH PLACE	State
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 19 83</i>		SIGNATURE OF NOTARY		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>William H. Vina</i>		NOTARY COMMISSION EXPIRES NOVEMBER 30, 1984 NO. 31-9465300 QUALIFIED IN NEW YORK COUNTY 19 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>Don G. Owens</i>	EVIDENCE REVIEWED BY <i>Richard Bull</i>
				DATE FILED 112583	