

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 Gordon E. Hyder		STATE FILE OR BIRTH NUMBER 22 005679	
	BIRTH DATE Month Day Year F. b. 18, 1922	BIRTH PLACE City or Town Spartanburg, S.C.	County Spartanburg	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS SHOULD BE	
	name of child		unnamed	
			Gordon E. Hyder	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Gordon E. Hyder</i>		RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON July 26 19 77		SIGNATURE OF NOTARY <i>Barbara R. Price</i> NOTARY COMMISSION EXPIRES Oct. 22 19 80	
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	

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	Stmt. St. Luke's Hospital, Inc., Tryon, N. C. Hosp. #43763	Aug. 12, 1963
	2		
	3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	Gordon E. Hyder (Feb. 18, 1922)		
2			
3			
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 <i>Dois M. L. Price</i>	EVIDENCE REVIEWED BY <i>Barbara R. Price</i>
			DATE FILED 8-2-77

DHEC No. 613

Rev. 2/75

VR. Spartanburg CHD