

**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<br><b>Robert Edward Holsonback</b>   |            |           |  | STATE FILE OR BIRTH NUMBER<br><b>139-22-002047</b> |  |
|   | Month  | Day        | Year      | City or Town                                       | County   | State  |
|   | BIRTH DATE   | <b>Jan</b> | <b>28</b> | <b>1922</b>  | BIRTH PLACE<br><b>Newberry</b>                     | <b>SC</b>  |
|   | ITEM OMITTED OR IN ERROR   |            |           | BIRTH CERTIFICATE SHOWS                            |  | SHOULD BE  |
| ITEMS TO BE AMENDED OR CORRECTED  | Given name   |            |           | Edward   |  | Robert Edward Holsonback   |
|   |  |            |           |  |  |  |
|   |  |            |           |  |  |  |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>Robert E. Holsonback</i> |            |           |  |  | RELATIONSHIP<br><b>SELF</b>  |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19   |            |           | SIGNATURE OF NOTARY<br><i>Geranette S. Grayson</i> |  | NOTARY COMMISSION EXPIRES<br><i>My Commission Expires September 29, 1983</i> |
| AFFIDAVIT   | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)                             |            |           |  |  | RELATIONSHIP   |
| NOTARY (AFFIX SEAL)   | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19   |            |           | SIGNATURE OF NOTARY                                |  | NOTARY COMMISSION EXPIRES<br>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   | <b>S.C. Servicemen Roster Columbia, SC #34389254</b> |  | <b>Feb 12 1946</b>              |
| 2   |  |  |                                 |
| 3   |  |  |                                 |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE |  |  |                                 |
| 1   | <b>Robert E. Holsonback Jan 28 1922</b>              |  |                                 |
| 2   |  |  |                                 |
| 3   |  |  |                                 |

**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**

*Ann J. Owens RP*

**EVIDENCE REVIEWED BY**

*Mathaine M. Pearson*

**DATE FILED**

*Apr. 05, 1983*

*0380*