

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH		STATE FILE OR BIRTH NUMBER				
	COLEMAN L ANDERSON		139 16 053428				
	Month	Day	Year	City or Town	County	State	
	BIRTH DATE	March 10, 1916		BIRTH PLACE	Pickens S.C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given name		unnamed		Coleman L.		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <u>Coleman L. Anderson</u>					RELATIONSHIP	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <u>March 31</u> 19 <u>78</u>		SIGNATURE OF NOTARY <u>Edna S. Hensley</u>		NOTARY COMMISSION EXPIRES <u>December 12</u> 19 <u>83</u>		
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 ____		
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	U.S. Army Discharge #US 34 211 487 Sep Point, Robinson, Ark.				Dec 6 1945	
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Name: Coleman L Anderson DOB Mar 10 1916					
2							
3							
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 2/75 1907		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 <u>Doris M. Byars</u>		EVIDENCE REVIEWED BY <u>Edna S. Hensley</u> Deputy County Registrar	DATE FILED 4-14-78