

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				STATE FILE OR BIRTH NUMBER		
	HOYT WILLIAMS				22-004036		
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State
	FEB.	19	1922	EDGEFIELD		EDGEFIELD	S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	NAME			OMITTED		HOYT WILLIAMS	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Hoyt Williams</i>					SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	OCTOBER 21	19 74	<i>William B. Reese</i>		SEPT. 16	19 78	

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	HONORABLE ARMY DISCHARGE-SR.#34 517 909 - SEP. CTR. CP. GORDON, GA.	09-21-45
2		
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	HOYT WILLIAMS
2	
3	

DHEC No. 613
Rev. 11/73

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>Noris M. Byars (jd)</i>	EVIDENCE REVIEWED BY <i>William B. Reese (kb)</i>	DATE FILED <i>11-29-74</i>
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