

# 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 FEB.	Day 19	Year 1922	BIRTH PLACE	State
					City or Town EDGEFIELD	County 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: SIGNATURE OF PARENT (OR OTHER) <i>Hoyt Williams</i>		RELATIONSHIP SELF
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON OCTOBER 21 1974	SIGNATURE OF NOTARY <i>William B. Reese</i>	NOTARY COMMISSION EXPIRES SEPT. 16 1978

DO NOT WRITE BELOW THIS LINE

1	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</i>	DATE FILED <i>11-29-74</i>
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