

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			
	HUGH AUGUSTUS COBURN			139-16-048185			
	Month	Day	Year	City or Town	County	State	
	BIRTH DATE	February 22 1916		BIRTH PLACE	Beaufort South Carolina		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given Name			Unnamed		Hugh Augustus Coburn	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER] <i>Hugh A. Coburn</i>				RELATIONSHIP Self		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON November 20 19 78			SIGNATURE OF NOTARY <i>Carolyn W. Drew</i>		NOTARY COMMISSION EXPIRES February 27 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	App. for Social Security Number 251 05 2441 Baltimore, Md.					April 1937
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Hugh Augustus Coburn DOB February 22 1916					
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 2/75 <i>1535</i>		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>Doris M. Byars</i>	EVIDENCE REVIEWED BY <i>Carolyn W. Drew</i>	DATE FILED <i>11-22-78</i>	