

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 HUGH AUGUSTUS COBURN				STATE FILE OR BIRTH NUMBER 139-16-048185	
	BIRTH DATE	Month February	Day 22	Year 1916	BIRTH PLACE	City or Town Beaufort

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
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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
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1 Hugh Augustus Coburn DOB February 22 1916
	2
	3

DHEC No. 613 Rev. 2/75 <i>1535</i>	ADDITIONAL INFORMATION	ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i>	EVIDENCE REVIEWED BY <i>Carolyn W. Drew</i>	DATE FILED <i>11-29-78</i>
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				