

File Date 8/1/16

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER		
	HASKEL FLOYD				139-16-070877		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month July	Day 24	Year 1916	BIRTH PLACE	County York	
					State South Carolina		
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		
	Given name				None		
						SHOULD BE	
						Haskel Floyd	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER] <i>X Haskel Floyd</i>					RELATIONSHIP <i>X Self</i>	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>February 6 1978</i>			SIGNATURE OF NOTARY <i>Judith A. Harrison</i>		NOTARY COMMISSION EXPIRES <i>November 23 1986</i>	
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	Employment Record (City of Belmont, Belmont, N. C.)					July 1955
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Haskel Floyd (DOB 7/24/16)						
2							
3							
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 2/75 <i>0738</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. Bryan</i>	EVIDENCE REVIEWED BY <i>Judith Harrison</i>	
					DATE FILED <i>2-28-78</i>		