

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 HASKEL FLOYD				STATE FILE OR BIRTH NUMBER 139-16-070877			
	BIRTH DATE	Month July	Day 24	Year 1916	BIRTH PLACE	County York State South Carolina		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE			
	Given name		None		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							
DHEC No. 613								
Rev. 2/75								
0738								
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 2-28-78			