

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			
	Thomas Benjamin Anderson			139-16-052880			
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Day Year	BIRTH PLACE	City or Town	County	State	
	March 25, 1916				Laurens	S.C.	
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's given name		unnamed		Thomas Benjamin Anderson		
	Date of birth		Mar. 26, 1916		March 25, 1916		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Thomas Benjamin Anderson</i>				RELATIONSHIP self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 12, 1976</i>		SIGNATURE OF NOTARY <i>Nat Walker</i>		NOTARY COMMISSION EXPIRES <i>June 8, 1981</i>		
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	S C. State Highway Dept motor vehicle statement, Columbia, S.C.					6-7-45
	2	S C. State Highway Dept motor vehicle statement Columbia, S.C.					6-7-45
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	THOMAS BENJAMIN ANDERSON					
	2	MARCH 25 1916					
	3						
ADDITIONAL INFORMATION							
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>Doris M. Byars</i>		EVIDENCE REVIEWED BY <i>Earl Blearley</i>		DATE FILED <i>3-22-76</i>	