

# 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 <b>Thomas Benjamin Anderson</b>			STATE FILE OR BIRTH NUMBER <b>139-16-052880</b>		
	BIRTH DATE	Month <b>March</b>	Day <b>25,</b>	Year <b>1916</b>	CITY OR TOWN <b>Laurens</b>	COUNTY <b>Laurens</b>
ITEMS TO BE AMENDED OR CORRECTED	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 <b>self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>March 12,</i> 19 <i>76</i>			SIGNATURE OF NOTARY <i>Nat Walker</i>		NOTARY COMMISSION EXPIRES <i>June 8,</i> 19 <i>81</i>
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE					
	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						
DHEC No. 613 Rev. 11/73	ADDITIONAL INFORMATION					
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 Bleakley</i>		DATE FILED <i>3-22-76</i>