

**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 <b>Henry Hoskins Outeen</b>				STATE FILE OR BIRTH NUMBER <b>139-22-001716</b>	
	BIRTH DATE	Month <b>Jan</b>	Day <b>07</b>	Year <b>1922</b>	CITY OR TOWN <b>Lancaster</b>	COUNTY <b>S C</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given Name		Omitted		Henry Hoskins Outeen	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Henry Hoskins Outeen</i>				RELATIONSHIP <b>Self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Apr. 27, 1984</i>		SIGNATURE OF NOTARY <i>Jimmy Stein</i>		NOTARY COMMISSION EXPIRES <i>My Commission Expires February 2, 1987</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	U. S. Navy Discharge #656 95 43 - Shelton, Va.	11/26/45
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Henry Hoskins (Outen) - DOB: 1-07-22	
2		
3		

DHEC No. 613

Rev. 2/75

**ADDITIONAL INFORMATION**

Evidence used to correct given name only.

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

*Ann J. Owens* HP

EVIDENCE REVIEWED BY

*Alice Kilpatrick, RCR*

DATE FILED

*2-01-84*

*1625*