

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 Carroll Hubbert Counts				STATE FILE OR BIRTH NUMBER 139-22-005106			
	BIRTH DATE	Month Feb	Day 8	Year 1922	BIRTH PLACE	City or Town Newberry	County Newberry	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS			SHOULD BE		
			Child's name			Unnamed Counts		
						Carroll Hubbert Counts		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <input checked="" type="checkbox"/>				RELATIONSHIP self			
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON		19 79		SIGNATURE OF NOTARY <i>Larry W. Propper</i>		NOTARY COMMISSION EXPIRES April 16 19 84	
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	Social Security Application #248 42 8557 Baltimore, MD	March 1946
	2		
	3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	Carroll Hubbert Counts DOB: 2-8-22		
2			
3			

DHEC No. 613

Rev. 2/75

0896

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>Ann B. Owens</i>	EVIDENCE REVIEWED BY <i>Lynn B. Homan</i>
		DATE FILED 1-23-80