

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 Silas Jackson Phifer Jr.			STATE FILE OR BIRTH NUMBER 139-22-002774		
	Month January	Day 5,	Year 1922	CITY OR TOWN York	COUNTY York	STATE SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name		Unnamed		Silas Jackson Phifer Jr.	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF REGISTRANT <i>Silas J. Phifer Jr.</i>				RELATIONSHIP <u>SELF</u>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Feb 17</i> 19 <i>79</i>		SIGNATURE OF NOTARY <i>Betty Harris</i>		NOTARY COMMISSION EXPIRES BETTY HARRIS, Notary Public Chester, Delaware Co. 19	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF REGISTRANT (SEE OTHERS)				RELATIONSHIP AND EXPIRES Oct. 13, 1981	
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 Appli. #242-20-2756 Baltimore, MD	2/25/41
	2		
	3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	Silas Jackson Phifer - DOB 1/5/22		
2			
3			

DHEC No. 613

Rev. 2/75

1280

ADDITIONAL INFORMATION		DATE FILED
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>Michelle W. Shady</i>
		2-26-79