

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Leonard Eugene Smith				STATE FILE OR BIRTH NUMBER 139-22-000363		
	BIRTH DATE	Month Jan	Day 12	Year 1922	BIRTH PLACE	City or Town Berkeley	County South Carolina
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given Name		Omitted		Leonard Eugene Smith		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Leonard E. Smith</i>				RELATIONSHIP Self		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>September 24, 1985</i>		SIGNATURE OF NOTARY <i>Maria L. Chapman</i>		NOTARY COMMISSION EXPIRES <i>January 25, 1993</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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	19				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	US Naval Discharge #251.24-7510 Portsmouth VA	4-24-46
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Leonard Eugene Smith dob: 1-12-22	
	2		
	3		
DHEC No. 613 Rev. 2/75	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>John B. Evers</i>	EVIDENCE REVIEWED BY <i>John B. Evers</i>
			DATE FILED 10-7-85

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