

**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>EDGAR JOSEPH TAYLOR</b>			STATE FILE OR BIRTH NUMBER <b>139-16-088537</b>		
	BIRTH DATE	Month <b>December</b>	Day <b>11</b>	Year <b>1916</b>	BIRTH PLACE <b>Beaufort</b>	County <b>South Carolina</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name			Unnamed		Edgar Joseph Taylor
	Day of Birth			Dec 12		Dec 11
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Edgar J. Taylor</i>				RELATIONSHIP <b>Self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>November 14</b>		19 <b>78</b>	SIGNATURE OF NOTARY <i>Carolyn W. Drew</i>	NOTARY COMMISSION EXPIRES <b>February 27</b> 19 <b>80</b>	
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	App for Social Security Account No. 257 05 2666 Baltimore, Md.	March 18 1937
2	Same as above	
3		

**INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE**

1	Edgar Joseph Taylor
2	December 11, 1916
3	

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR <i>Doris M. Byars</i>	EVIDENCE REVIEWED BY <i>Carolyn W. Drew</i>	DATE FILED <b>11-20-78</b>
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				

*1416*