

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 Edgar Ulysses Manigault				STATE FILE OR BIRTH NUMBER 139-23-000412		
	BIRTH DATE	Month Jan.	Day 13,	Year 1923	BIRTH PLACE Charleston	County Charleston	State S.C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	middle name		Cornealus		Edgar Ulysses Manigault		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Edgar Ulysses Manigault</i>				RELATIONSHIP self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>April 28 1980</i>		SIGNATURE OF NOTARY <i>Joe Lopez</i>		NOTARY COMMISSION EXPIRES RELEASAT Notary Public, Phila., Phila. Co. My Commission Expires Feb. 8, 1982		
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	Selective Service System Registration Certificate, Phila., Pa. #SI20491	Sept. 1, 1948
	2		
DHEC No. 613 Rev. 2/75 0540	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Edgar Ulysses Manigault, dob Jan. 13, 1923	
	2		
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 S. Owens</i>	EVIDENCE REVIEWED BY <i>Garden S. Magwood</i>	DATE FILED 5-16-80