

**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 Albert Leroy Karst			STATE FILE OR BIRTH NUMBER 139-22-002375		
	BIRTH DATE	Month Jan	Day 6	Year 1922	BIRTH PLACE	City or Town Richland
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name			Allen Leroy Karst		Albert Leroy Karst
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Albert L. Karst Sr.</i>					RELATIONSHIP Self
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON April 19 19 83			SIGNATURE OF NOTARY <i>Jeannette S. Grayson</i>		NOTARY COMMISSION EXPIRES September 7 19 89
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	Army ID Card #RA14243592 Washington DC,	Mar 22 1962
2		
3		

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

1	Albert L. Karst Jan 6 1922
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

*Ann S. Owens*

EVIDENCE REVIEWED BY

*Jeannette S. Grayson*

DATE FILED

4-9-83

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