

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			STATE FILE OR BIRTH NUMBER		
	James Edwards			139-16-069206		
BIRTH DATE	Month	Day	Year	City or Town	County	State
	May	2	1916	Laurens, SC		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's Given Name			Unnamed		James Edwards
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>James Edwards</i>				RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>27th Sept 1978</i>		SIGNATURE OF NOTARY <i>Marion S. Bennett</i>		NOTARY COMMISSION EXPIRES <i>10/14 1979</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	
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 Appl. # 247-05-8464			Baltimore, Md	11/36
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	James Edwards, (DOB 5-2-16)					
2						
3						
DHEC No. 613	ADDITIONAL INFORMATION					
Rev. 2/75	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 ipa</i>		EVIDENCE REVIEWED BY <i>Barbara H. Freeman</i>	
0049					DATE FILED <i>10/3/78</i>	