

**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	<b>REGISTRANT'S FULL NAME AT BIRTH</b>			<b>STATE FILE OR BIRTH NUMBER</b>		
	James Edwards			139-16-069206		
	Month	Day	Year	City or Town	County	State
	BIRTH DATE	May	2	1916	Laurens, SC	
<b>ITEMS TO BE AMENDED OR CORRECTED</b>	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's Given Name			Unnamed		James Edwards
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>James Edwards</i>				RELATIONSHIP self	
<b>NOTARY</b> (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>27<sup>th</sup> Sept 1978</i>			SIGNATURE OF NOTARY <i>Marion S. Penick</i>		NOTARY COMMISSION EXPIRES <i>10/14 1979</i>
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP	
<b>NOTARY</b> (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19
<b>DO NOT WRITE BELOW THIS LINE</b>						
<b>ABSTRACT of Supporting Evidence (for health dept. use)</b>	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					
	<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>					
	1	James Edwards, (DOB 5-2-16)				
	2					
	3					
<b>ADDITIONAL INFORMATION</b>						
DHEC No. 613 Rev. 2/75  <i>0049</i>		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>
						DATE FILED <i>10/3/78</i>