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
	EDGAR LEON WILSON			139-16-058710
	Month / Day / Year	City or Town	County	State
BIRTH DATE	May 12, 1916	BIRTH PLACE	Barnwell,	So. C.

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Child's name	JohnWilson	Edgar Leon Wilson
	Date of Birth	May 14, 1916	May 12, 1916

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	✓ Edgar Leon Wilson	RELATIONSHIP self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON February 13 1978	SIGNATURE OF NOTARY ✓ Robert F. Baggett	NOTARY COMMISSION EXPIRES My Commission Expires July 8, 1980 19
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	N. C. Driver's License Record #0491503 Greensboro, N.C.	7-24-66
2	N. C. Driver's License Record #0491503 Greenboro, N. C.	7-24-66
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	EDGAR LEON WILSON DOB MAY 12, 1916
2	DOB MAY 12, 1916
3	

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	EVIDENCE REVIEWED BY	DATE FILED
	Doris M. Byers MC	Susan L. Self	3/8/78

DHEC No. 613
Rev. 2/75

0950