

**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 <b>Arthur Marion Scott, Jr.</b>				STATE FILE OR BIRTH NUMBER <b>Aiken, S. C. 139-16-071099</b>		
	BIRTH DATE	Month <b>August</b>	Day <b>23</b>	Year <b>1916</b>	BIRTH PLACE	City or Town <b>Aiken</b>	County <b>Aiken</b>
<b>ITEMS TO BE AMENDED OR CORRECTED</b>	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	first name			Andrew M.		Arthur Marion, Jr.	
<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Arthur M. Scott Jr.</i>				RELATIONSHIP <b>Self</b>		
<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>March 10 1976</b>		SIGNATURE OF NOTARY <i>Karayne H. Lawrence</i>		NOTARY COMMISSION EXPIRES <b>Oct. 5 1976</b>		
<b>ABSTRACT of Supporting Evidence (for health dept. use)</b>	<b>DO NOT WRITE BELOW THIS LINE</b>						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Son's birth certificate Aiken Co. Health Dept. June 23 1947				6-23-1947	
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Arthur Marion, Jr.						
2							
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 <i>Doris M. Bryan</i>			EVIDENCE REVIEWED BY <i>Charlotte B. Wakefield</i>		DATE FILED <b>3-22-76</b>		

DHEC No. 613

Rev. 11/73