

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		
	Arthur Marion Scott, Jr.				Aiken, S. C. 139-16-071099		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month August	Day 23	Year 1916	BIRTH PLACE	City or Town Aiken	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	SHOULD BE	
	first name				Andrew M.	Arthur Marion, Jr.	
AFFIDAVIT		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 Self	
NOTARY (AFFIX SEAL)		SUBSCRIBED AND SWORN TO BEFORE ME ON March 10 1976		SIGNATURE OF NOTARY <i>Harvey H. Sauer</i>		NOTARY COMMISSION EXPIRES Oct. 5 1976	
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	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							
DHEC No. 613 Rev. 11/73		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 3-22-76			