

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 Albert Green			STATE FILE OR BIRTH NUMBER 139-23-000317		
	BIRTH DATE	Month Jan	Day 7	Year 1923	CITY OR TOWN Beaufort County	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name			Mingo Green, Jr.		Albert Green
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Albert Green</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>April 12</i>		19 <i>76</i>	SIGNATURE OF NOTARY <i>Lucia B. Dickinson</i>		NOTARY COMMISSION EXPIRES <i>12-9-</i> 19 <i>80</i>
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE					
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE
	1	Individual's marriage license #2032-Chatham County Courthouse				Dec 2 1945
	2	Savannah, Georgia				
	3					
DHEC No. 613 Rev. 11/73	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Albert Green				
	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>Louis M. Byars</i>		EVIDENCE REVIEWED BY <i>A. Schmitt, Jr.</i>		DATE FILED <i>4-23-76</i>