

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	
	Samuel Ellis Cochran						139-16-054237	
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Apr.	Day 20	Year 1916	BIRTH PLACE	City or Town Abbeville	County Abbeville	State S. C.
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Surname				Cockran		Cochran	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:						RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Samuel E. Cochran</i>						Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	2-17 19 76				<i>Wells F. Nickles</i>		6-19 19 78	
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	Marriage License #522 of Parents, Abbeville, S. C.						12-25-1912
	2	(Samuel Alfred Cochran & Leila Ellis)						
	3							
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
	1	Cochran						
	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		EVIDENCE REVIEWED BY		DATE FILED
				<i>Louis M. Byars</i>		<i>Wells F. Nickles</i>		3-8-76

DHEC No. 613

Rev. 11/73