

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	
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State
	Apr.	20	1916	Abbeville	Abbeville	S. C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Surname			Cochran		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							
DHEC No. 613 Rev. 11/73	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