

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

FD 5-1-23

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER		
	Obie Peay				139-23-009857		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month	Day	Year	BIRTH PLACE	County State	
	April	18,	1923		Chester	S. C.	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		
	Given Name of Child				Obey		
AFFIDAVIT	SEX				Male		
	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)				Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				NOTARY COMMISSION EXPIRES		
	April 16 1980				A NOTARY PUBLIC OF NEW JERSEY		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)				My Commission Expires Feb. 12, 1984		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				NOTARY COMMISSION EXPIRES		
	19				19		
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	Social Security Appl. #141-12-2319, Baltimore, Md.					Aug. 1940
	2	Social Security Appl. #141-12-2319, Baltimore, Md.					Aug. 1940
	3						
DHEC No. 613	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Obie Peay (D.O.B. 4-18-23)					
	2	Male					
	3						
Rev. 2/75	ADDITIONAL INFORMATION						
1739	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		
			Betty B. Young		DATE FILED		
					4-23-80		