

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL** Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>Emanuel Eugene Dorn</b>			STATE FILE OR BIRTH NUMBER <b>16-057477</b>		
	BIRTH DATE	Month <b>April</b>	Day <b>11,</b>	Year <b>1916</b>	CITY OR TOWN <b>Saluda,</b>	COUNTY <b>S. C.</b>

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	<b>Given name</b>	<b>Unnamed Dorn</b>	<b>Emanuel Eugene Dorn</b>

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Emanuel Eugene Dorn</i>	RELATIONSHIP <b>Self</b>
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>March 29 19 78</b>	SIGNATURE OF NOTARY <i>Marrelle C. Banks</i>	NOTARY COMMISSION EXPIRES <b>March 17 1979</b>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>19</b>	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES <b>19</b>
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**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	<b>Official Rec. Soc. Sec. #250-14-8323, Filed Baltimore, Md.</b>	<b>July 1938</b>
	2		

ABSTRACT of Supporting Evidence (for health dept. use)	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	<b>Emanuel Eugene Dorn, DOB - 4/11/16, Birthplace - Saluda County</b>	
	2		

DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION <b>Mother - Hope Bridges, Father - Edd E. Dorn</b>		
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<i>1856</i>	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. Byers</i>	EVIDENCE REVIEWED BY <i>Marrelle C. Banks</i>	DATE FILED <b>4-17-78</b>
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