

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Ezell Hill			STATE FILE OR BIRTH NUMBER 139 22 003025			
	BIRTH DATE	Month Feb	Day 5	Year 1922	CITY OR TOWN Anderson	COUNTY Anderson	STATE S C
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name			Ezella		Ezell Hill	
	day of birth			Feb 04 1922		Feb 05 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ezell Hill</i>				RELATIONSHIP self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Nov 7 19 83		SIGNATURE OF NOTARY <i>James Fuller</i>		NOTARY COMMISSION EXPIRES March 8 19 89		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 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	Army Record #34512368			Washington D C	Nov 04 1942	
	2	Same Document					
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Ezell Hill BD Feb 5 1922						
2	Ezell Hill BD Feb 5 1922						
3							
DHEC No. 613	ADDITIONAL INFORMATION						
Rev. 2/75	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>Don G. Owens</i>		EVIDENCE REVIEWED BY <i>James Fuller</i>		
<i>0566</i>						DATE FILED 111083	