

## 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 GEORGE CURTIS POWERS				STATE FILE OR BIRTH NUMBER 139-22-001331		
	BIRTH DATE	Month January	Day 3	Year 1922	BIRTH PLACE Georgetown	County Georgetown	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name				Charlie		George Curtis Powers
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X George Curtis Powers</i>					RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>August 23 1978</i>				SIGNATURE OF NOTARY <i>Edna K. Crumell</i>		NOTARY COMMISSION EXPIRES <i>8 19 1981</i>
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	U. S. Army Discharge #34 997 420, Ft. Bragg, N. C.	1-5-46
2		
3		

## INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1	George Curtis Powers (DOB 1-3-22)
2	
3	

DHEC No. 613

Rev. 2/75

## 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

*Doris M. Byars*

EVIDENCE REVIEWED BY

*Belma B. Whitgate, Deputy*

DATE FILED

*9/11/78*