

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 Mary Elizabeth Mixson | | | | STATE FILE OR BIRTH NUMBER 139-16-064753 | |
| | BIRTH DATE | Month June | Day 18 | Year 1916 | BIRTH PLACE Hampton | County South Carolina |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | |
| | Middle Name | | Mary | | Mary Elizabeth Mixson | |
| | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT <input checked="" type="checkbox"/> Mary Elizabeth M. Robinson (OR OTHER) WITNESS: <i>Adrian A. Lane</i> | | | | RELATIONSHIP Self | |
| NOTARY [AFFIX SEAL] | SUBSCRIBED AND SWORN TO BEFORE ME ON November 15 | | 19 78 <i>Carolyn L. Drew</i> | | SIGNATURE OF NOTARY February 27 19 80 | |
| 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 | | SIGNATURE OF NOTARY | | 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 | Own child's birth record | 139-40-003962 Hampton Co., S.C. | Feb 29 1940 |
| 2 | | | |
| 3 | | | |

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

| | | |
|---|-------------------------|---------------------|
| 1 | Elizabeth Mixson | 23 years old |
| 2 | | |
| 3 | | |

DHEC No. 613

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>Doris M. Byrnes</i> | EVIDENCE REVIEWED BY <i>Carolyn L. Drew</i> | DATE FILED <i>11-20-78</i> |
| | 1323 | | |