

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
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			STATE FILE OR BIRTH NUMBER			
	MADOLYN CALISTA HUCKABEE			139 16 061721			
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State
	May	12,	1916				

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name	Madeline Calista	Madolyn Calista

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:		RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)	<i>Madolyn Calista H. Binder</i>	self

NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	<i>March 1</i> 19 <i>78</i>	<i>Edna S. Venable</i>	<i>December 12</i> 19 <i>83</i>

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:		RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)		

NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	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 Medical Records Greenville General Hospital, Greenville, S.C.	Aug 8 1950
	2	

DHEC No. 613	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	
	1	Name: Madolyn Calista Huckabee Binder DOB May 12 1916
	2	

Rev. 2/75	ADDITIONAL INFORMATION		DATE FILED
	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. Byars ds</i>	

1087

3-14-78