

# 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<br><b>MARGARET HAIR</b>                                                                                 |                                                               |                  |                                                 | STATE FILE OR BIRTH NUMBER<br><b>139-22-000316</b> |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BIRTH DATE                                                                                                                              | Month<br><b>Jan.</b>                                          | Day<br><b>26</b> | Year<br><b>1922</b>                             | BIRTH PLACE<br><b>Barnwell</b>                     | County<br><b>Barnwell</b>                        |
| ITEMS TO BE AMENDED OR CORRECTED                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ITEM OMITTED OR IN ERROR                                                                                                                |                                                               |                  | BIRTH CERTIFICATE SHOWS                         |                                                    | SHOULD BE                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Given Name</b>                                                                                                                       |                                                               |                  | <b>Un-named</b>                                 |                                                    | <b>Margaret</b>                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                               |                  |                                                 |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                         |                                                               |                  |                                                 |                                                    |                                                  |
| AFFIDAVIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>Margaret H. Hayward</i> |                                                               |                  |                                                 | RELATIONSHIP?<br><i>Self</i>                       |                                                  |
| NOTARY<br>(AFFIX SEAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><i>Feb. 15 1977</i>                                                                             |                                                               |                  | SIGNATURE OF NOTARY<br><i>Lucille F. Platts</i> |                                                    | NOTARY COMMISSION EXPIRES<br><i>Jan. 13 1980</i> |
| ABSTRACT of Supporting Evidence (for health dept. use)                                                                                                                                                                                                                                                                                                                                                                                                                                        | DO NOT WRITE BELOW THIS LINE                                                                                                            |                                                               |                  |                                                 |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)                                                                  |                                                               |                  |                                                 |                                                    | DATE ORIGINAL DOCUMENT WAS MADE                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                       | <b>Marriage Rec. #11,040 for self filed in Barnwell, S.C.</b> |                  |                                                 |                                                    | <b>Mar. 21, 1941</b>                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                                                                                                       |                                                               |                  |                                                 |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3                                                                                                                                       |                                                               |                  |                                                 |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE                                                   |                                                               |                  |                                                 |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                       | <b>Margaret Hair (Age 19)</b>                                 |                  |                                                 |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2                                                                                                                                       |                                                               |                  |                                                 |                                                    |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3                                                                                                                                       |                                                               |                  |                                                 |                                                    |                                                  |
| ADDITIONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                         |                                                               |                  |                                                 |                                                    |                                                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; font-size: x-small;">I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.</div> <div style="width: 30%;">ASSISTANT STATE REGISTRAR<br/><i>Dr. M. Byars (S.D.)</i></div> <div style="width: 30%;">EVIDENCE REVIEWED BY<br/><i>Geneva H. Still</i></div> <div style="width: 10%;">DATE FILED<br/><i>2-23-77</i></div> </div> |                                                                                                                                         |                                                               |                  |                                                 |                                                    |                                                  |

DHEC No. 613

Rev. 11/73