

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				STATE FILE OR BIRTH NUMBER	
	SYLVIA ELLEN BURGESS				139 22 005441	
	BIRTH DATE	Month FEB	Day 07	Year 1922	BIRTH PLACE	County PICKENS State SC

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	GIVEN NAME	OMITTED	SYLVIA ELLEN BURGESS
	SURNAME	BURGES	BURGESS

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)		RELATIONSHIP self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	Nov. 17 1983	<i>Joan S. Parsons</i>	Sept. 13 1993

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 MARRIAGE LIC #3578 Greenville Co. SC			DEC 30 1975
	2	BROTHER'S BIRTH CERT #139 19 022470 PICKENS CO SC			JUL 05 1919
	3				
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1	NAME: SYLVIA ELLEN BURGESS DATE OF BIRTH: FEB 07 1922				
2	FATHER'S NAME: JOHN BURGESS				
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	EVIDENCE REVIEWED BY
1404		<i>Ann L. Owens</i>	<i>Joan S. Parsons</i>
			DATE FILED
			11-22-83