

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH SYLVIA ELLEN BURGESS				STATE FILE OR BIRTH NUMBER 139 22 005441		
	BIRTH DATE	Month FEB	Day 07	Year 1922	BIRTH PLACE	City or Town PICKENS	County 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) <i>Sylvia Ellen Burgess Coy</i>				RELATIONSHIP self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Nov. 17 1983</i>		SIGNATURE OF NOTARY <i>Joan S. Parsons</i>		NOTARY COMMISSION EXPIRES <i>Sept. 13 1993</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	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

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>Ann H. Owens</i>	EVIDENCE REVIEWED BY <i>Joan S. Parsons</i>	DATE FILED <i>11-22-83</i>
	1404		