

filed 9-22-16

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

REGISTRANT'S FULL NAME AT BIRTH  
TRESSIE LEONA HICKS

STATE FILE OR BIRTH NUMBER  
139-16-081601

Enter Correct  
Information  
Concerning  
Person Whose  
Birth Record is  
Being Amended

Month Day Year  
BIRTH DATE September 12 1916

City or Town County State  
BIRTH PLACE Florence S. C.

ITEMS  
TO BE  
AMENDED  
OR  
CORRECTED

ITEM OMITTED OR IN ERROR

BIRTH CERTIFICATE SHOWS

SHOULD BE

Given name

Lessie Neomy

Tressie Leona Hicks

AFFIDAVIT

I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:  
SIGNATURE OF PARENT (OR OTHER) *X Tressie Leona Hicks*

RELATIONSHIP

Self

NOTARY  
(AFFIX SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME ON

SIGNATURE OF NOTARY

NOTARY COMMISSION EXPIRES

April 4 1978

*Eula J. Parnell*

12-9 1980

AFFIDAVIT

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

RELATIONSHIP

NOTARY COMMISSION EXPIRES

NOTARY  
(AFFIX SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME ON

SIGNATURE OF NOTARY

April 4 1978

*Eula J. Parnell*

12-9 1980

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. #B 9532, Florence, S. C.

July 4, 1939

2

3

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1 Tressie Leona Hicks, Age 22 years, 9 months

2

3

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION

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

*Doris M. Byars*

EVIDENCE REVIEWED BY

*He C. Meurer*

DATE FILED

4-25-78

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