

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			
	Eufleen Britt			139-22-001633			
	BIRTH DATE	Month Jan	Day 26	Year 1922	City or Town Horry	County S.C.	State
				BIRTH PLACE			
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's name			Unnamed Britt		Eufleen Britt	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Eufleen Britt Hayes</i>				RELATIONSHIP <u>self</u>		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>9-25-79</i>		SIGNATURE OF NOTARY <i>Ruth B. Hayes</i>		NOTARY COMMISSION EXPIRES <i>November 1, 1980</i>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Norman Hayes</i>				RELATIONSHIP <u>Husband</u>		
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 Marr Lic (No #) Marion Co, SC	8-8-46
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Eufleen Britt (Age 24)	
2		
3		

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION		EVIDENCE REVIEWED BY	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>Ann L. O'Connor</i>	<i>Robert H. Robinson</i> 10-2-79

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