

# 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			STATE FILE OR BIRTH NUMBER		
	LEON FRANKLIN TURNER			139 22 002250		
	BIRTH DATE	Month January	Day 28,	Year 1922	BIRTH PLACE	City or Town County State
					Pickens County, S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name			omitted		Leon Franklin
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Leon Franklin Turner</i>				self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	<i>April 25 1975</i>		<i>William C. Jones Jr.</i>		<i>Jan 20 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	<i>Appl. Durham Life Insurance Co., Raleigh, N.C. Pol. # 532235</i>				<i>9-8-58</i>
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	<i>Name - Leon Franklin Turner Age nearest Birthday 37</i>					
2						
3						
DHEC No. 613 Rev. 11/73						
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		EVIDENCE REVIEWED BY		DATE FILED
		<i>Louis M. Bryan (jd)</i>		<i>Edna S. Henable</i> <i>Deputy County Registrar</i>		<i>5-12-75</i>