

F 2-21-22

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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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		
	Helyn E. Hall			139-22-005721		
BIRTH DATE	Month	Day	Year	BIRTH PLACE	County	State
	Feb	20	1922			
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	name of child		omitted		Helyn E. Hall	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:			RELATIONSHIP		
	SIGNATURE OF REGISTRANT (OR OTHER)			self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	January 4 1985		Mary M. Chafellano		My commission expires June 16, 1987	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:			RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)			-----		
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	Prudential Ins. Co. of America, Tampa, Fl. #M81 009 943	Jul. 20, 1953
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Helyn E. (Bender) 2-20-22	
2		
3		

DHCG 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

Carly G. Owens

EVIDENCE REVIEWED BY

Barbara A. Price

DATE FILED

1/10/85

0992