

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	
	FLORA LEE BARTON				139-22-002900	
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month FEB	Day 25	Year 1922	BIRTH PLACE	County AIKEN
					State SOUTH CAROLINA	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	
					SHOULD BE	
	GIVEN NAME				FLORA LEE BARTON	
	SURNAME				BARTON	
	FATHER'S SURNAME				BARTON	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Flora Lee B Blackwell</i>				RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON OCT 09 19 86			SIGNATURE OF NOTARY <i>Margaret L. Foster</i>		NOTARY COMMISSION EXPIRES JUN 28 19 88
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	INS. POL #81042123 LIFE INS CO OF GA ATLANTA GA.	DEC 20 1971
	2	PARENTS MARR. REC #351 AIKEN CO. PROBATE CT. AIKEN S. C.	FEB 21 1912
	3	SAME AS ABOVE	
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	FLORA L BLACKWELL (AGE: 49 yrs)	
	2	BARTON	
	3	BARTON	

DHEC No. 613

Rev. 2/75

ADITIONAL 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

Ann S. Peters

EVIDENCE REVIEWED BY

Jane L. Lavelle
lab

DATE FILED

10-13-86

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