

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 FLORA LEE BARTON | | | | STATE FILE OR BIRTH NUMBER 139-22-002900 | | |
| | BIRTH DATE | Month FEB | Day 25 | Year 1922 | BIRTH PLACE | City or Town AIKEN | County SOUTH CAROLINA |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | | |
| | GIVEN NAME | | FLOYD | | FLORA LEE BARTON | | |
| | SURNAME | | BARTEN | | BARTON | | |
| | FATHER'S SURNAME | | BARTEN | | 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

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|---|--|--|---------------------------------|
| 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

| | | | |
|---|--|--|------------------------|
| 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 <i>Ann S. Myers</i> | EVIDENCE REVIEWED BY <i>Jane Lovelace</i> | DATE FILED 10-13-86 |

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