

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 CATHERINE CRAIG						STATE FILE OR BIRTH NUMBER 139 22 005473	
	BIRTH DATE	Month FEB	Day 16	Year 1922	BIRTH PLACE	City or Town PICKENS	County PICKENS	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS			SHOULD BE	
	GIVEN NAME			OMITTED			CATHERINE CRAIG	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Catherine Craig</i>						RELATIONSHIP self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Dec. 13 1983			SIGNATURE OF NOTARY <i>Joan S. Parsons</i>			NOTARY COMMISSION EXPIRES Sept. 13 1993	
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	PHYSICIAN'S STATEMENT DRS. MAULDIN & FRANCIS PICKENS SC					JULY 27, 1971	
2							
3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	NAME: CATHERINE CRAIG AGE: 49						
2							
3							

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

Dean G. Dwyer

EVIDENCE REVIEWED BY

Joan S. Parsons

DATE FILED

12/583

1959