

**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
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 <i>Dec. 13 1983</i>			SIGNATURE OF NOTARY <i>Joan S. Parsons</i>		NOTARY COMMISSION EXPIRES <i>Sept. 13 1993</i>	
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		ASSISTANT STATE REGISTRAR <i>Dean G. Dwyer</i>	EVIDENCE REVIEWED BY <i>Joan S. Parsons</i>	DATE FILED <i>12/5/83</i>
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic				

*1959*