

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 ELLA MAE MARCHBANKS				STATE FILE OR BIRTH NUMBER 139-22-005465	
	BIRTH DATE	Month FEB	Day 26	Year 1922	BIRTH PLACE City or Town PICKENS	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	GIVEN NAME		UNNAMED MARCHBANKS		ELLA MAE MARCHBANKS	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Ella Mae Marchbanks Green</i>				RELATIONSHIP SELF	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>December 09</i> 19 <i>81</i>		SIGNATURE OF NOTARY <i>Dubin G. McCall</i>		NOTARY COMMISSION EXPIRES <i>September 17, 1991</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	LIFE OF GEORGIA INS. POL #50015236 ATLANTA GA	APR 06 1959
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	NAME: ELLA MAE GREEN AGE: 37	
2		
3		

DHEC No. 613
Rev. 2/75

ADDITIONAL INFORMATION

EVIDENCE USED TO CORRECT GIVEN NAME ONLY

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

Ron L Owens / *Dubin G. McCall*

EVIDENCE REVIEWED BY

DATE FILED

12-15-81

0442