

**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 <b>ELLA MAE MARCHBANKS</b>			STATE FILE OR BIRTH NUMBER <b>139-22-005465</b>		
	BIRTH DATE	Month <b>FEB</b>	Day <b>26</b>	Year <b>1922</b>	CITY OR TOWN <b>PICKENS</b>	COUNTY <b>SC</b>
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 <b>SELF</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>December 09</i> 19 <i>81</i>		SIGNATURE OF NOTARY <i>Dubnie 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	<b>LIFE OF GEORGIA INS. POL #50015236 ATLANTA GA</b>	<b>APR 06 1959</b>	
	2			
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	<b>NAME: ELLA MAE GREEN AGE: 37</b>		
	2			
	3			
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION <b>EVIDENCE USED TO CORRECT GIVEN NAME ONLY</b>			
<i>0442</i>	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>Rand Owen</i>	EVIDENCE REVIEWED BY <i>Dubnie G. McCall</i>	DATE FILED <i>12-15-81</i>