

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

B-F-filed 1/30/22

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Emma L. MONTGOMERY				STATE FILE OR BIRTH NUMBER 22-001858		
	BIRTH DATE	Month Jan	Day 28	Year 1922	BIRTH PLACE	City or Town Lee	County Lee
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS			SHOULD BE	
	child's name		No name MONTGOMERY			Emma L. MONTGOMERY	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>[Signature]</i>					RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>8-26-1988</i>			SIGNATURE OF NOTARY <i>[Signature]</i>		NOTARY COMMISSION EXPIRES Public Bridgeport, Montgomery County Expiration Date: April 10, 1933 19	
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	Sidney Hillman Medical Center record, Philadelphia, Pa.	6/19/71
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Emma L. (HUBBARD) - age 49	
2		
3		

DHEC No. 613

ADDITIONAL INFORMATION

Rev. 2/75

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>[Signature]</i>	EVIDENCE REVIEWED BY <i>[Signature]</i>	DATE FILED 10-22-80
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