

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 HEYWARD JUNIUS PRESSLEY | | | STATE FILE OR BIRTH NUMBER 139 22 002281 | | |
| | Month BIRTH DATE | Day JAN 21 1922 | Year 1922 | City or Town Pickens | County Pickens | State S.C. |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | |
| | Given name | | Unnamed Presley | | Heyward Junius Pressley | |
| | Surname | | Presley | | Pressley | |
| | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Heyward Junius Pressley</i> | | | | RELATIONSHIP self | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON Apr 1 1981 | | SIGNATURE OF NOTARY <i>Edna S Venable</i> | | NOTARY COMMISSION EXPIRES Dec 12 1983 | |
| 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 | | SIGNATURE OF NOTARY | | NOTARY COMMISSION EXPIRES | |

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 | App Security Life And Trust Co Po. No. 235,072 Winston-Salem N C | May 28 1962 |
| | 2 | Siblings B.C. #139 25 002139 & 23 018832 Pickens Co., S.C. | 1-17-25 & 6-6-23 |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | | |
| 1 | Name: Heyward Junius Pressley DOB Jan 21 1922 | | |
| 2 | Surname: Pressley | | |
| 3 | | | |

DHEC No. 613

Rev. 2/75

1560

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|--|---|--|---------------|
| ADDITIONAL INFORMATION | | EVIDENCE REVIEWED BY | DATE FILED |
| 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>Ann G Owens</i> | <i>Edna S Venable</i> Deputy County Registrar | 4-3-81 |