

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE OR BIRTH NUMBER		
	R. Lee Robertson			139-16-064481		
	Month	Day	Year	City or Town	County	State
	BIRTH DATE June	9,	1916	Greenville,		S. C.

<b>ITEMS TO BE AMENDED OR CORRECTED</b>	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Child's name	Arlee Robertson	R. Lee Robertson

<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	<i>R. Lee Robertson</i>	RELATIONSHIP	Self
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<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON	19 78	SIGNATURE OF NOTARY	<i>Margaret Katherine Berry</i>	NOTARY COMMISSION EXPIRES	Feb. 16, 19 81
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<b>AFFIDAVIT</b>	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)		RELATIONSHIP	
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<b>NOTARY (AFFIX SEAL)</b>	SUBSCRIBED AND SWORN TO BEFORE ME ON	19	SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	19
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**DO NOT WRITE BELOW THIS LINE**

<b>ABSTRACT of Supporting Evidence (for health dept. use)</b>	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)	DATE ORIGINAL DOCUMENT WAS MADE
	1 Supreme Forest Woodmen Cir. Ins. Pol. #702615, Omaha, Nebraska	Nov. 1, 1941
	2	

<b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>
1 R. Lee McAlister Age 25
2
3

DHEC No. 613 Rev. 2/75 <i>1463</i>	ADDITIONAL INFORMATION	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	EVIDENCE REVIEWED BY	DATE FILED
			<i>Doris McByars</i>	<i>Katherine B. Berry</i>	MAR 23 1978