

**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		
	Marshall Wyne				139-22-002978		
BIRTH DATE	Month	Day	Year	BIRTH PLACE	County	State	
	Feb	19	1922				
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Given Name		Marcelle Wyne		Marshall Wyne		
	Date of Birth		Feb 17 1922		Feb 19 1922		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER) <i>Marshall Wynn</i>				Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				SIGNATURE OF NOTARY		
	Feb 21 19 84				<i>Jeannette Grayson</i>		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP		
	SIGNATURE OF PARENT (OR OTHER)				NOTARY COMMISSION EXPIRES		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON				NOTARY COMMISSION EXPIRES		
	19				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	S.C. Highway Record #0249343 Columbia SC	6-23-77
2	Same as item #1	
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Marshall Wynn dob 2-19-22	
2	2-19-22	
3		

DHEC No. 613

Rev. 2/75

**ADDITIONAL INFORMATION**

**Evidence 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

*Ann A. Owens*

EVIDENCE REVIEWED BY

*Missy Baldwin*

DATE FILED

2-21-84

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