

**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>GEORGE WILSON WRIGHT</b>		STATE FILE OR BIRTH NUMBER <b>139-16-091000</b>	
	Month <b>Dec.</b>	Day <b>24,</b>	Year <b>1916</b>	CITY OR TOWN <b>Marlboro S.C.</b>
	BIRTH DATE		BIRTH PLACE	County State
	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	SHOULD BE
ITEMS TO BE AMENDED OR CORRECTED	Given names		none	George Wilson Wright
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>George Wilson Wright</i>			RELATIONSHIP
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>27th of Oct 1978</i>		SIGNATURE OF NOTARY <i>Edna Sawyer</i>	NOTARY COMMISSION EXPIRES 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		SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES <i>MY COMMISSION EXPIRES APRIL 30, 1988</i>

**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	Liberty Life Ins. Pol #535396 - Bennettsville, S.C.	Feb-16, 1937
2		
3		

**INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE**

1	George Wilson Wright (dob Dec. 24, 1916)
2	
3	

DHEC No. 613

Rev. 2/75

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>Daniel M. Bryant</i>	<i>Michelle W. Shealy</i> 11-13-78

*1134*