

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 GEORGE WILSON WRIGHT		STATE FILE OR BIRTH NUMBER 139-16-091000	
	Month Dec.	Day 24,	Year 1916	CITY OR TOWN Marlboro S.C.

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	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
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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
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES <u>MY COMMISSION EXPIRES APRIL 30, 1988</u>
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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

I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.	ADDITIONAL INFORMATION	ASSISTANT STATE REGISTRAR <i>Douglas Bryan</i>	EVIDENCE REVIEWED BY <i>Michelle Shealy</i>	DATE FILED <i>11-13-78</i>

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