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: Jeraldine Ledford			STATE FILE OR BIRTH NUMBER: 139- 22-051030
	BIRTH DATE: Month Nov, Day 17, Year 1922	BIRTH PLACE: City or Town	County: Greenville	State: SC

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name	Omitted	Jeraldine Ledford
	Date of birth	Jan 17 1923	Nov 17 1922

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE [redacted] Jeraldine Ledford N. Martin		RELATIONSHIP: Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 10-12 1983	SIGNATURE OF NOTARY: Sharon T Hall	NOTARY COMMISSION EXPIRES: Notary Public, State of Florida at Large My Commission Expires February 15, 1987
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 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 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	Social Security Application #247-36-7719 Baltimore Md	Jun 10 1943
2	Same as #1	
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

1 Jeraldine Ledford (McJunkin) DOB: Nov 17 1922

2 Same as #1

3

AUDITIONAL 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: Dan G. Owens

EVIDENCE REVIEWED BY: Becky L Bell

DATE FI: 10

VL No. 613
Rev. 2/75