

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		
	LYDIA ROBINSON			139-16-080933		
	BIRTH DATE	Month 9-29-16	Day 16	Year 16	BIRTH PLACE	City or Town Clarendon
					County Clarendon	State S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name Is Incorrect			Lida Jeneva		Lydia
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lydia R. Floyd</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 6-7-1976		SIGNATURE OF NOTARY <i>Louise W. Sprott</i>		NOTARY COMMISSION EXPIRES LOUISE W. SPROTT 19	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE					
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE
	1	Clarendon Memorial Hospital Record, Manning, S. C.				12-26-60
	2					
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Lydia Robinson				
	2					
	3					
	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 <i>Doris M. Byars</i> kph		EVIDENCE REVIEWED BY <i>Louise W. Sprott</i>		DATE FILED 6-15-76

DHEC No. 613

Rev. 11/73