

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	Year	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 Geneva		Lydia	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)	<i>Lydia R. Floyd</i>			Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	6-7-	19 76	<i>Louise W. Sprott</i>		LOUISE W. SPROTT	
			Notary Public of South Carolina		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						
DHEC No. 613 Rev. 11/73						
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		EVIDENCE REVIEWED BY		DATE FILED
		<i>Douglas M. Byars</i> <i>hsh</i>		<i>Louise W. Sprott</i>		6-15-76