

# 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		
	Clara Staton				139-16-077292		
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month September	Day 7,	Year 1916	BIRTH PLACE	City or Town Greenville,	
					County Greenville,	State S. C.	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		
	Child's given name				Lillie		
						SHOULD BE	
						Clara	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Clara Dillon (Staton)</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Nov 11, 1975</i>		SIGNATURE OF NOTARY <i>Maxine Howard</i>		NOTARY COMMISSION EXPIRES <i>Sept 23 1979</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	own marriage license #304 filed in Grand Traverse Co., Michigan					12-10-47
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1 CLARA							
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 <i>Doris M. Byars</i>		EVIDENCE REVIEWED BY <i>Earl Bleakley</i>	DATE FILED <i>11-28-75</i>	