

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	
	Leila Mae Church				16-085326	
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month Nov.	Day 10	Year 1916	BIRTH PLACE	City or Town Dillon
					County Dillon	State S. C.
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	
	Name				Leila Mae Church	
Date of Birth				Nov. 16, 1916		Nov. 10 1916
DO NOT WRITE BELOW THIS LINE						
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Leila Mae C Thompson</i>				RELATIONSHIP <i>Self</i>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>6-17</i> 19 <i>76</i>		SIGNATURE OF NOTARY <i>Delores H. Sherman</i>		NOTARY COMMISSION EXPIRES <i>9-18</i> 19 <i>83</i>	
ABSTRACT of Supporting Evidence (for health dept. use)	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					
	1	Name verified by Soc. Sec. Rec. filed in Baltimore, Md. #251-66-2428				DATE ORIGINAL DOCUMENT WAS MADE 12-13-57
	2	DOB verified by Soc. Sec. Rec. filed in Baltimore, Md. #251-66-2428				12-13-57
	3					
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1	Name reads Leila Mae Church				
	2	DOB reads 11-10-16				
	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>Louis M. Lyons, Sr.</i>		EVIDENCE REVIEWED BY Delores H. Sherman		
				DATE FILED <i>6-28-76</i>		

DHEC No. 613

Rev. 11/73