

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 Lillian Alma Hanson			STATE FILE OR BIRTH NUMBER 139-16-080596		
	Month Oct.	Day 22,	Year 1916	BIRTH PLACE Charleston	County Charleston	State S. C.

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	given name	omitted	Lillian Alma Hanson

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lillian Alma Hanson</i>	RELATIONSHIP Self
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON Nov. 24, 1978	SIGNATURE OF NOTARY <i>Sandra S. Stokes</i>	NOTARY COMMISSION EXPIRES April 11, 1983
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)	RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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 marriage license Probate judge Charleston, S. C.	March 17, 1941
	2	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	
1	Lillian Alma Hanson age 24 years
2	
3	

DHEC No. 613	Rev. 2/75	1533	ADDITIONAL INFORMATION DOF: Nov. 3, 1916	ASSISTANT STATE REGISTRAR <i>Doris M. Byrnes</i>	EVIDENCE REVIEWED BY <i>Sandra S. Stokes</i>	DATE FILED 11-29-78
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.						