

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

filed 2-4-22 F

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record Is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>MARGARET BENTON</b>				STATE FILE OR BIRTH NUMBER <b>139-22-004155</b>	
	BIRTH DATE	Month <b>Jan</b>	Day <b>24</b>	Year <b>1922</b>	CITY OR TOWN <b>Florence</b>	COUNTY <b>SC</b>

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name	Ruth	Margaret Benton
	Witness: <i>George Cheester</i>		

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <input checked="" type="checkbox"/> <b>MARGARET BENTON</b>	RELATIONSHIP <b>Self</b>
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NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>JUNE 26, 1984</b>	SIGNATURE OF NOTARY <i>Kelen B. Crawford</i>	NOTARY COMMISSION EXPIRES <b>My Commission Expires October 21, 1990</b>
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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	The Independent Life Ins. Co. #9139106 A Jacksonville, FL	Apr. 15, 1974
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Margaret Bell age 52	
2			
3			

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION			
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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>Ann G. Owens</i>	EVIDENCE REVIEWED BY <i>Alta S. Lewis</i>	DATE FILED <b>7-6-84</b>
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