

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 | |
| | Thelma Dorethy Holcomb | | | | 139 23 000194 | |
| BIRTH DATE | Month | Day | Year | BIRTH PLACE | City or Town | County State |
| | January | 25, | 1923 | | Anderson, South Carolina | |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | BIRTH CERTIFICATE SHOWS | | SHOULD BE | |
| | Given Name | | Sophie May | | Thelma Dorethy | |
| | Surname | | Holcombe | | Holcomb | |
| | Date of Birth | | January 26, 1923 | | January 25, 1923 | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: | | | | RELATIONSHIP | |
| | SIGNATURE OF PARENT (OR OTHER) <i>Thelma Dorethy Holcomb Hawkins</i> | | | | Self | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON | | SIGNATURE OF NOTARY | | NOTARY COMMISSION EXPIRES | |
| | <i>January 22 19 76</i> | | <i>James T. Fuller</i> | | <i>July 29 19 79</i> | |
| 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 | Social Security Appl. #247 24 2084, Baltimore, Maryland | | | | 7-10-39 |
| | 2 | Brother's Birth Record #139 19 30773, Columbia, S. C. | | | | 11-6-19 |
| | 3 | Social Security Appl. #247 24 2084, Baltimore, Maryland | | | | 7-10-39 |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | | | | | |
| 1 | XX Thelma Dorethy Holcomb | | | | | |
| 2 | Holcomb | | | | | |
| 3 | January 25, 1923 | | | | | |
| 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>Devin M. Bryan</i> | | <i>Beth H. Mullikin</i> | | <i>1-30-76</i> |

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