

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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|  |  |  |      |                         |                                |                                 |             |
|--|--|--|------|-------------------------|--------------------------------|---------------------------------|-------------|
| Enter Correct Information Concerning Person Whose Birth Record is Being Amended  | REGISTRANT'S FULL NAME AT BIRTH  |  |      |                         | STATE FILE OR BIRTH NUMBER     |                                 |             |
|  | Christie Mae Darnell   |  |      |                         | 139 16 05 067020               |                                 |             |
|  | Month  | Day  | Year | City or Town            | County                         | State                           |             |
| BIRTH DATE   | Jul  | 3  | 1916 | Anderson                | S.C.                           |                                 |             |
| ITEMS TO BE AMENDED OR CORRECTED   | ITEM OMITTED OR IN ERROR   |  |      | BIRTH CERTIFICATE SHOWS |                                | SHOULD BE                       |             |
|  | given name in error  |  |      | Christine               |                                | Christie Mae                    |             |
|  | surname in error   |  |      | Donell                  |                                | Darnell                         |             |
|  |  |  |      |                         |                                |                                 |             |
| AFFIDAVIT  | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: |  |      |                         |                                | RELATIONSHIP                    |             |
|  | SIGNATURE OF PARENT (OR OTHER)   |  |      | SIGNATURE OF NOTARY     |                                | NOTARY COMMISSION EXPIRES       |             |
| NOTARY (AFFIX SEAL)  | SUBSCRIBED AND SWORN TO BEFORE ME ON                                       |  |      | 19 78                   |                                | July 29, 19 79                  |             |
| AFFIDAVIT  | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: |  |      |                         |                                | RELATIONSHIP                    |             |
|  | SIGNATURE OF PARENT (OR OTHER)   |  |      | SIGNATURE OF NOTARY     |                                | NOTARY COMMISSION EXPIRES       |             |
| NOTARY (AFFIX SEAL)  | SUBSCRIBED AND SWORN TO BEFORE ME ON                                       |  |      | 19                      |                                | 19                              |             |
| 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  | Social Security Appl. #247 40 5220, Baltimore, Md.                 |      |                         |                                |                                 | Sep 28 1944 |
|  | 2  | Sibling's Birth Cert. #139 29 034288, 139 22 028755, 139 25 025365 |      |                         |                                |                                 | 1-21-29     |
|  | 3  | Columbia, S.C.   |      |                         |                                |                                 | 9-26-22     |
|  |  |  |      |                         |                                | 8-27-25                         |             |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE  |  |  |      |                         |                                |                                 |             |
|  | 1  | Christie Mae Darnell (Brown) July 3 1916                           |      |                         |                                |                                 |             |
|  | 2  | Darnell  |      |                         |                                |                                 |             |
|  | 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  |      |                         | EVIDENCE REVIEWED BY           |                                 |             |
|  |  | Doris M. Byars, PB   |      |                         | Lance Fuller, Deputy Registrar |                                 |             |
| DHEC No. 613 Rev. 2/75   |  |  |      |                         |                                | DATE FILED                      |             |
| 1523   |  |  |      |                         |                                | 3/31/78                         |             |