

F-3/6/22

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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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			
	Margaret Salisbury			139-22-005302			
	BIRTH DATE	Month Feb	Day 12	Year 1922	BIRTH PLACE	City or Town Orangeburg	
					County S.C.	State	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Date of Birth			Feb 27 1922		Feb 12 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Margaret S. Turner</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>June 20, 1977</i>			SIGNATURE OF NOTARY <i>Moya T. Strickland</i>		NOTARY COMMISSION EXPIRES Notary Public, South Carolina State at Large My Commission Expires March 5, 1984	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)				RELATIONSHIP		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 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	Life Ins.Co.of Ga. Policy #210840, Atlanta, Ga.					Aug 1 1958
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Margaret S. Turner DOB: Feb 12 1922					
	2						
	3						
DHEC No. 613							
Rev. 2/75							
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>Doris M. Byars</i>		EVIDENCE REVIEWED BY <i>Benjamin Clayton</i>		
					DATE FILED 6-23-77		