

F-3/6/22

## AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

## 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 <b>Margaret Salisbury</b>			STATE FILE OR BIRTH NUMBER <b>139-22-005302</b>		
	BIRTH DATE	Month <b>Feb</b>	Day <b>12</b>	Year <b>1922</b>	CITY OR TOWN <b>Orangeburg</b>	COUNTY <b>Orangeburg</b>
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 <b>Self</b>	
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	ADDITIONAL INFORMATION					
Rev. 2/75	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. Bryan</i>		EVIDENCE REVIEWED BY <i>Benjamin Clayton</i>	DATE FILED <i>6-23-77</i>