

# 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 <b>CONNIE WOOD</b>						STATE FILE OR BIRTH NUMBER <b>139-22-002858</b>	
	Month <b>FEB</b>	Day <b>03</b>	Year <b>1922</b>	City or Town <b>AIKEN</b>		County <b>AIKEN</b>	State <b>S. C.</b>	
	BIRTH DATE			BIRTH PLACE				
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS			SHOULD BE	
	Given name			CARMEN			CONNIE WOOD	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Connie W. Wood</i>						RELATIONSHIP <b>SELF</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>JAN 21 80</b>			SIGNATURE OF NOTARY <i>Myrtle L. Foster</i>			NOTARY COMMISSION EXPIRES <b>JUN 28 1988</b>	
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 <b>19</b>			SIGNATURE OF NOTARY			NOTARY COMMISSION EXPIRES <b>19</b>	

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	Own marriage rec. #33,432 Probate Judge Aiken Co	SEP 10 1940
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	CONNIE WOOD (Age 18 yrs 7 months)	
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>Ann H. Dickson</i>	EVIDENCE REVIEWED BY <i>Myrtle L. Foster</i>	DATE FILED <b>2-19-80</b>

1687