

**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 <b>CONNIE WOOD</b>			STATE FILE OR BIRTH NUMBER <b>139-22-002858</b>		
	BIRTH DATE	Month <b>FEB</b>	Day <b>03</b>	Year <b>1922</b>	BIRTH PLACE <b>AIKEN</b>	County <b>AIKEN</b>
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

*1687*

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. Overman</i>	EVIDENCE REVIEWED BY <i>Myrtle L. Foster</i>	DATE FILED <b>2-19-80</b>