

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			
	Laura M. Hilton				139-16-076006			
ITEMS TO BE AMENDED OR CORRECTED	BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County	State
	Sept.	16,	1916		Charleston	Charleston	S.C.	
	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name				May		Laura M. (Hilton)	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:						RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER) <i>Laura M. Bonar</i>						self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	Sept. 5 19 78			<i>[Signature]</i>		My Commission Expires April 11, 1988		
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:						RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)							
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	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	The Life Ins. Co. of Va., pol. #K 535643, Richmond, Va.					Jan. 15, 1951	
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1	Laura M. Hilton, dob Sept. 16, 1916							
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		EVIDENCE REVIEWED BY		DATE FILED	
0180			<i>Laura M. Bonar</i>		<i>Lorden B. Magwood</i>		9/27/78	