

F/2-22-22

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH <b>THELMA GAMBLE</b>		STATE FILE OR BIRTH NUMBER <b>139-22-003724</b>	
	BIRTH DATE Month Day Year <b>Jan 31 1922</b>	BIRTH PLACE City or Town <b>Clarendon</b>	County State <b>Clarendon S. C.</b>	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	Date of Birth		Jan 30 1922	
	Surname		Garnber	
SHOULD BE		Jan 31 1922		
Gamble				
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Thelma Gamble DuBose</i>		RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 7-25-1978		SIGNATURE OF NOTARY <i>Louise W. Sprott</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)		RELATIONSHIP My Commission Expires March 5, 1980	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 19		SIGNATURE OF NOTARY 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	Clarendon Memorial Hospital Record, Manning, S. C.		8-10-69
	2	Sister's Birth Certif. #139-24-042963 - Gamble		12-18-24
	3	Sister's Birth Certif. #139-29-018328 - Gamble		7-27-29
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE				
1 Thelma Gamble DuBose - Date of Birth 1-31-22				
2 Ida Marguarde Gamble				
3 Dorothy May Gamble				
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. Byrnes et</i>	EVIDENCE REVIEWED BY <i>Louise W. Sprott</i>	DATE FILED <i>8-10-78</i>

DHEC No. 613

Rev. 2/75

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