

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				Helen Corinne Ashley				STATE FILE OR BIRTH NUMBER 139-15-005625					
	BIRTH DATE	Month Mar.	Day 4	Year 1915	BIRTH PLACE	City or Town Donalds	County Abbeville	State S. C.						
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS				SHOULD BE					
	First & Middle names				Hedlin Corrin				Helen Corinne					
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Helen A. Smith</i>								RELATIONSHIP Self					
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 1-23 19 76				SIGNATURE OF NOTARY <i>W. J. Nickles</i>				NOTARY COMMISSION EXPIRES 6-19 19 78					
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE													
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)										DATE ORIGINAL DOCUMENT WAS MADE			
	1	Own child's birth record #1930-018267, (Preston C. Smith)										6-1-1930		
	2	Honea Path, S. C.												
	3													
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE													
	1	Helen Corinne Ashley												
	2													
	3													
	ADDITIONAL INFORMATION													
DHEC No. 613 Rev. 11/73	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>Louie M. Bryan</i>				EVIDENCE REVIEWED BY <i>W. J. Nickles</i>				DATE FILED 2-13-76	