

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL** 2/10/22

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE OR BIRTH NUMBER			
	Claudia Juanita Cash			139-22-003587			
	Month	Day	Year	City or Town	County	State	
	BIRTH DATE Feb	1	1922	BIRTH PLACE Cherokee,	S.C.		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	given name			omitted		Claudia Juanita Cash	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Juanita C. Cook</i>					RELATIONSHIP Same	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON May 19, 1985		SIGNATURE OF NOTARY <i>Edell R. Webster</i>		NOTARY COMMISSION EXPIRES Aug. 20 1985		
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 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 19		
<b>DO NOT WRITE BELOW THIS LINE</b>							
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	Liberty Life Ins. Co. #570,754, Greenville, S.C.					Jan. 2, 1947
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Claudia Juanita Cash DOB, Feb 01 1922						
2							
3							
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. Byars RS</i>		EVIDENCE REVIEWED BY <i>Edell R. Webster</i>	DATE FILED 6-6-78	

DHEC No. 613

\* Rev. 2/75

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