

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				STATE FILE OR BIRTH NUMBER	
	Boyd Daniel Miller				139-22-001441	
	BIRTH DATE	Month Jan	Day 21	Year 1922	BIRTH PLACE	City or Town Greenville
					County Greenville	State S. C.

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	child's given name	omitted	Boyd Daniel Miller

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER)		RELATIONSHIP
	<i>Boyd Daniel Miller</i> May 21, 19 81		self

NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES
	May 21, 19 81	<i>Mary Louise C. McAlister</i>	Oct. 29, 19 90

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	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	marriage license #7995, Greenville, S. C.	12-23-42
	2		
	3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE			
1	Boyd Daniel Miller, age 20 years, 11 months		
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
1286		<i>Ann L. Owens</i>	<i>Mary Louise C. McAlister</i>
			DATE FILED
			5-25-81