

**AFFIDAVIT OF CORRECTION TO BIRTH RECORD**

f, f: 1/10/22

**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<br><b>Sudie Mae Means</b>   |  |  |                     | STATE FILE OR BIRTH NUMBER<br><b>22-002556</b>         |                                 |
|  | BIRTH DATE  | Month<br><b>Jan</b>  | Day<br><b>06</b>                                 | Year<br><b>1922</b> | CITY OR TOWN<br><b>Spartanburg</b>                     | COUNTY<br><b>SC</b>             |
| ITEMS TO BE AMENDED OR CORRECTED   | ITEM OMITTED OR IN ERROR  |  | BIRTH CERTIFICATE SHOWS                          |                     | SHOULD BE  |                                 |
|  | given name omitted  |  | Means --   |                     | Sudie Mae Means  |                                 |
|  |   |  |  |                     |  |                                 |
|  |   |  |  |                     |  |                                 |
| AFFIDAVIT  | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>Sudie Mae Wells</i> |  |  |                     | RELATIONSHIP<br><b>Self</b>                            |                                 |
| NOTARY (AFFIX SEAL)  | SUBSCRIBED AND SWORN TO BEFORE ME ON<br><b>Dec 5</b> 19 <b>80</b>   |  | SIGNATURE OF NOTARY<br><i>Caroleyn V. Drake</i>  |                     | NOTARY COMMISSION EXPIRES<br><b>Dec 1</b> 19 <b>90</b> |                                 |
| AFFIDAVIT  | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)                        |  |  |                     | RELATIONSHIP   |                                 |
| NOTARY (AFFIX SEAL)  | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19  |  | SIGNATURE OF NOTARY                              |                     | NOTARY COMMISSION EXPIRES<br>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   | <b>B. J. Workman Hospital Patient Record, Woodruff, SC</b> |  |                     |  | <b>Sep 15, 1974</b>             |
|  | 2   |  |  |                     |  |                                 |
|  | 3   |  |  |                     |  |                                 |
| <b>INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE</b>                                       |   |  |  |                     |  |                                 |
| 1  | <b>Sudie Mae (Wells) bd: Jan 6, 1922</b>  |  |  |                     |  |                                 |
| 2  |   |  |  |                     |  |                                 |
| 3  |   |  |  |                     |  |                                 |
| DHEC No. 613<br>Rev. 2/75<br><br><i>0027</i>   | 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<br><i>Ann L. Owens</i> |                     | EVIDENCE REVIEWED BY<br><i>Caroleyn V. Drake</i>       | DATE FILED<br><b>12-9-80</b>    |