

N/F - 2/9/23

## AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

STATE FILE OR BIRTH NUMBER  
139-23-001625

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Lillie Mae Wilson			BIRTH PLACE		
	Month	Day	Year	City or Town	County	State
	Jan	10	1923	Lee		S. C.
	BIRTH DATE			BIRTH PLACE		
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given name			L MARY		LILLIE MAE WILSON
	Date of Birth			JAN 15 1923		JAN 10 1923
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER) <i>Lillie Mae Wilson</i>					Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 4/17/85 19					SIGNATURE OF NOTARY <i>Decker C. Corbett</i>
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP
	SIGNATURE OF PARENT (OR OTHER)					NOTARY COMMISSION EXPIRES 9/8/92 19
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON 4/17/85 19					SIGNATURE OF NOTARY <i>Decker C. Corbett</i>
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 Tuomey Hospital Record - Sumter, S. C.					3/10/65
	2 (Same Record)					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1 LILLIE MAE WILSON - 1/10/23						
2 1/10/23						
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>Decker C. Corbett</i>			EVIDENCE REVIEWED BY <i>Decker C. Corbett</i>		DATE FILED 1-23-85	

DHEC No. 613

Rev. 2/75

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