

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

N/F - 2/9/23

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			STATE FILE OR BIRTH NUMBER 139-23-001625		
	BIRTH DATE	Month Jan	Day 10	Year 1923	CITY OR TOWN Lee	COUNTY Lee
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]			SIGNATURE OF NOTARY		Self
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 4/17/85 19			SIGNATURE OF NOTARY <i>Decker C. Corbett</i>		NOTARY COMMISSION EXPIRES 9/8/92 19
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:					RELATIONSHIP
	SIGNATURE OF PARENT [OR OTHER]			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19			SIGNATURE OF NOTARY		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	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			

DHEC No. 613

Rev. 2/75

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 4-23-85

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