

F 3-1-22

## AFFIDAVIT OF CORRECTION TO BIRTH RECORD

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## SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Sarah Dillard				STATE FILE OR BIRTH NUMBER 139-22-005689			
	BIRTH DATE	Month Feb	Day 28	Year 1922	BIRTH PLACE	County Spartanburg	State SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE			
	name of child		omitted		Sarah Dillard			
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Sarah D. Murphy</i>				RELATIONSHIP self			
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Aug. 31 19 83		SIGNATURE OF NOTARY <i>Barbara R. Price</i>		NOTARY COMMISSION EXPIRES Oct. 21 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 19		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES 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	Child's BC #42 041343 filed VR Spartanburg, SC					Nov. 9, 1942	
	2							
	3							
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE								
1	Sarah Dillard age 20 yrs.							
2								
3								
ADDITIONAL INFORMATION								
DHEC No. 613 Rev. 2/75 <i>6791</i>		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>Ann G. Owens</i>		EVIDENCE REVIEWED BY <i>Barbara R. Price</i>	DATE FILED <i>9-7-83</i>	