

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

F.D.: 01-12-22

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				STATE FILE OR BIRTH NUMBER	
	DORA BUTLER				139-22-003259	
	Month	Day	Year	City or Town	County	State
BIRTH DATE	JAN	05	1922	Berkeley		South Carolina

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Given name	Linda Butler	Dora Butler

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Dora Scott</i>	CHARLES F. BATES, NOTARY PUBLIC STATE OF MARYLAND SIGNATURE, GEORGE COUNTY MY COMMISSION EXPIRES 7-1-86	RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>JUNE 14th 1987</i>	SIGNATURE OF NOTARY <i>Charles F. Bates</i>	NOTARY COMMISSION EXPIRES <i>JULY 1 1986</i>

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 Social Security App. #248-14-2132 - Baltimore, Md.	05-26-76
	2	

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	
1 Dora Butler Scott	DOB: 01-05-1922
2	
3	

DHEC No. 613

Rev. 2/75

0648

ADDITIONAL INFORMATION		ASSISTANT STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.		<i>Ann H. Clevenger</i>	<i>Georgia Branton</i>	6-29-83