

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

F.D.: 01-12-22

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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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	BIRTH PLACE	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>					RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>JUNE 14th 1987</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			SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES
	19					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		
3		
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

ADDITIONAL INFORMATION		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.		ASSISTANT STATE REGISTRAR <i>Ann H. Cline</i>	<i>Georgia Branton</i> 6-29-83

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