

**F/1-12-22 AFFIDAVIT OF CORRECTION TO BIRTH RECORD**  
**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 <b>Minnie Lee Hillard</b>				STATE FILE OR BIRTH NUMBER <b>139-22-002186</b>	
	BIRTH DATE	Month <b>Jan</b>	Day <b>3</b>	Year <b>1922</b>	CITY OR TOWN <b>Orangeburg</b>	COUNTY <b>SC</b>
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Child's given name		Burnise		Minnie Lee Hillard	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Minnie H. Malone</i>				RELATIONSHIP <b>Self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>June 27, 1983</b>		SIGNATURE OF NOTARY <i>Myra T. Strickland</i>		NOTARY COMMISSION EXPIRES <b>March 5, 1984</b>	
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 <b>19</b>		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES <b>19</b>	

**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	<b>Public Savings Life Ins Co Pol #386153 Charleston SC</b>	<b>9-8-1947</b>
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	<b>Minnie Lee Malone Age: 26 next birthday</b>	
2		
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>Ann H. Owens</i>	EVIDENCE REVIEWED BY <i>Myra T. Strickland</i>
		DATE FILED <b>2/29/83</b>

*0616*