

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

N/M - 3/13/22

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			STATE FILE OR BIRTH NUMBER		
	Maxie Roosevelt Benjamine			22-004839		
BIRTH DATE	Month	Day	Year	City or Town	County	State
	Feb	7	1922	Lee	Lee	S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Date of Birth		FEB 1922		FEB 7 1922	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)			Self		
	+ Maxie Roosevelt Benjamine					
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES	
	9/22/78 19		L. J. Waters		10/16/80 19	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:				RELATIONSHIP	
	SIGNATURE OF PARENT (OR OTHER)					
	SUBSCRIBED AND SWORN TO BEFORE ME ON		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	Dr. L. B. Dennis' office record - Bishopville, S. C.				12/6/63
	2					
	3					
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
1	2/7/22					
2						
3						
DHEC No. 613	ADDITIONAL INFORMATION					
Rev. 2/75	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	EVIDENCE REVIEWED BY	DATE FILED	
0280			Doris M. Ryan	Reckey C. Corbett	10-6-79	