

M/6-29-16

## 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<br>Liddel Martin  |  |  |  | STATE FILE OR BIRTH NUMBER<br>139-16-062779 |                                 |                 |  |
|  | BIRTH DATE  | Month<br>Jun   | Day<br>26                                    | Year<br>1916                                 | BIRTH PLACE                                 | City or Town<br>Abbeville       | County<br>S. C. |  |
| ITEMS TO BE AMENDED OR CORRECTED   | ITEM OMITTED OR IN ERROR  |  | BIRTH CERTIFICATE SHOWS                      |  | SHOULD BE                                   |                                 |                 |  |
|  | Given name  |  | (Unnamed)                                    |  | Liddel Martin                               |                                 |                 |  |
|  |   |  |  |  |   |                                 |                 |  |
|  |   |  |  |  |   |                                 |                 |  |
| AFFIDAVIT  | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER) <i>Liddel Martin</i> |  |  |  | RELATIONSHIP<br>Self                        |                                 |                 |  |
| NOTARY (AFFIX SEAL)  | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>12-27 19 77   |  | SIGNATURE OF NOTARY,<br><i>W. F. Nickles</i> |  | NOTARY COMMISSION EXPIRES<br>6-19 19 78     |                                 |                 |  |
| AFFIDAVIT  | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:<br>SIGNATURE OF PARENT (OR OTHER)                      |  |  |  | RELATIONSHIP                                |                                 |                 |  |
| NOTARY (AFFIX SEAL)  | SUBSCRIBED AND SWORN TO BEFORE ME ON<br>19  |  | SIGNATURE OF NOTARY                          |  | NOTARY COMMISSION EXPIRES<br>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   | Own marriage license #599, Abbeville, S. C. (Liddel Martin & (Maggie Lee Harkness) |  |  |   |                                 | 9-23-1945       |  |
|  | 2   |  |  |  |   |                                 |                 |  |
|  | 3   |  |  |  |   |                                 |                 |  |
| INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE  |   |  |  |  |   |                                 |                 |  |
| 1  | Liddel Martin, age 29   |  |  |  |   |                                 |                 |  |
| 2  |   |  |  |  |   |                                 |                 |  |
| 3  |   |  |  |  |   |                                 |                 |  |
| DHEC No. 613<br>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<br><i>Doris M. Byers md</i>                              |  | EVIDENCE REVIEWED BY<br><i>W. F. Nickles</i> |   | DATE FILED<br>2-28-78           |                 |  |

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