

AFFIDAVIT OF CORRECTION TO BIRTH RECORD Page 2 of 2
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL DOF Apr. 4, 1916

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Maree Elizabeth Johnson				STATE FILE OR BIRTH NUMBER 139-16-051923		
	BIRTH DATE	Month	Day	Year	CITY OR TOWN	COUNTY	STATE
	March	19	1916	Billon	S. C.		

ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
	Name	Unnamed Johnson	Maree Elizabeth Johnson

AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER] <i>Maree Elizabeth Johnson</i>		RELATIONSHIP <i>Self</i>
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Feb. 14 1978</i>	SIGNATURE OF NOTARY <i>Debra H. Sherman</i>	NOTARY COMMISSION EXPIRES <i>9-18 1983</i>
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AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT [OR OTHER]		RELATIONSHIP
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NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON 19	SIGNATURE OF NOTARY	NOTARY COMMISSION EXPIRES 19
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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	New York Life Ins. Co. Pol. #12-123-331, New York, N. Y.	9-5-33
	2		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE	1	Maree Elizabeth Johnson	DOB March 19, 1916
	2		
	3		

DHEC No. 613	Rev. 2/75	ADDITIONAL INFORMATION	
<i>0829</i>	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>Doris M. Byars dp</i>	EVIDENCE REVIEWED BY <i>Debra H. Sherman</i>
			DATE FILED <i>3-3-78</i>