

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

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH			STATE FILE OR BIRTH NUMBER			
	Maree Elizabeth Johnson			139-16-051923			
	BIRTH DATE	Month March	Day 19	Year 1916	BIRTH PLACE	County Billon	State 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] <u>Maree Elizabeth Johnson</u>					RELATIONSHIP <u>Self</u>	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <u>Feb. 14</u> 19 <u>78</u>		SIGNATURE OF NOTARY <u>Deane H. Sherman</u>		NOTARY COMMISSION EXPIRES <u>9-18</u> 19 <u>83</u>		
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 19		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	New York Life Ins. Co. Pol. #12-123-331, New York, N. Y.					9-5-33
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	Maree Elizabeth Johnson DOB March 19, 1916					
	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	
0829			<u>Doris M. Byars</u> dp		<u>Deane H. Sherman</u>	<u>3-3-78</u>	