

# AFFIDAVIT OF CORRECTION TO BIRTH RECORD

## 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	
	Nancy Williams				139 16 050258	
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County State
	Feb	14	1916	Pickens	S.C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given		Nandi Carlie		Nancy	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Nancy Williams Cornell</i>				RELATIONSHIP <b>self</b>	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <b>Aug 18 19 76</b>		SIGNATURE OF NOTARY <i>Edna S. Venable</i>		NOTARY COMMISSION EXPIRES <b>Dec 12 19 83</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	Own marriage license (no number) Greenville County, S.C.	Apr 2, 1933
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Name: Nancy Williams	
2		
3		

DHEC No. 613  
Rev. 11/73

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>Doris M. Bryan</i>	EVIDENCE REVIEWED BY <i>Edna S. Venable</i> Deputy County Registrar
		DATE FILED