

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 Feb 14	Day 1916	Year	BIRTH PLACE Pickens	County S.C. State
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 self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Aug 18 19 76		SIGNATURE OF NOTARY <i>Edna S. Venable</i>		NOTARY COMMISSION EXPIRES Dec 12 19 83	

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.	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ASSISTANT STATE REGISTRAR <i>Doris M. Bryan</i> </td> <td style="width: 50%; vertical-align: top;"> EVIDENCE REVIEWED BY <i>Edna S. Venable</i> Deputy County Registrar </td> </tr> <tr> <td colspan="2" style="text-align: right;">DATE FILED</td> </tr> </table>	ASSISTANT STATE REGISTRAR <i>Doris M. Bryan</i>	EVIDENCE REVIEWED BY <i>Edna S. Venable</i> Deputy County Registrar	DATE FILED	
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