

AFFIDAVIT OF CORRECTION TO BIRTH RECORD
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH Lacy Menoy Porter				STATE FILE OR BIRTH NUMBER 139-22-004980	
	BIRTH DATE	Month Feb	Day 13	Year 1922	BIRTH PLACE City or Town Marion	State SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR				BIRTH CERTIFICATE SHOWS	
	Child's Name				Omitted	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lacy Porter</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>January 24 1983</i>				SIGNATURE OF NOTARY <i>Jeanette Grayson</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lacy Porter</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>January 24 1983</i>				SIGNATURE OF NOTARY <i>Jeanette Grayson</i>	
	19				NOTARY COMMISSION EXPIRES <i>September 7 1989</i>	

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	Son's Birth Certificate #47 58289 VR Columbia SC	Jan 21 1948
	2		
	3		
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
	1	Lacy Menoy Porter age 25 yrs	
	2		
	3		
DHEC No. 613 Rev. 2/75 <i>1526</i>	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>Ann M. Owens</i>	EVIDENCE REVIEWED BY <i>Jeanette Grayson</i>
		DATE FILED <i>1-25-83</i>	