

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

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER		
	Lacy Menoy Porter				139-22-004980		
	BIRTH DATE	Month	Day	Year	BIRTH PLACE	County	State
		Feb	13	1922		Marion	SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE		
	Child's Name		Omitted		Lacy Menoy Porter		
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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	<i>January 24 1983</i>		<i>Jeanette Grayson</i>		<i>September 7 1989</i>		
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		SIGNATURE OF NOTARY		NOTARY COMMISSION EXPIRES		
	19				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	<i>Son's Birth Certificate #47 58289 VR Columbia SC</i>				<i>Jan 21 1948</i>	
	2						
	3						
ABSTRACT of Supporting Evidence (for health dept. use)	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	<i>Lacy Menoy Porter age 25 yrs</i>					
	2						
	3						
DHEC No. 613 Rev. 2/75	ADDITIONAL INFORMATION						
1526	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
			<i>Ann G. Owens</i>		<i>Jeanette Grayson</i>		<i>1-25-83</i>