

**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		
	Mary Johnson			139-16-055218		
	Month	Day	Year	City or Town	County	State
BIRTH DATE	Feb	21	1916	BIRTH PLACE	Chesterfield	SC
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Child's given name			Unnamed		Mary Johnson
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Mary Johnson</i>				RELATIONSHIP Self	
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Nov 13 19 78			SIGNATURE OF NOTARY <i>Michele C. Shealy</i>		NOTARY COMMISSION EXPIRES My Commission Expires May 5, 1988
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	Winston Mytual Life Insurance Policy #62088 Winston Salem NC	May 27, 1957
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Mary Graham (Age - next birthday: 42)	
2		
3		

DHEC No. 613

Rev. 2/75

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. Brown</i>	EVIDENCE REVIEWED BY <i>Eartha Brown</i>	DATE FILED 11-13-78

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