

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 | | |
| | Mary Johnson | | | 139-16-055218 | | |
| BIRTH DATE | Month | Day | Year | BIRTH PLACE | City or Town | County |
| | Feb | 21 | 1916 | | 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) | | | | RELATIONSHIP | |
| | <i>Mary Johnson</i> | | | | Self | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON | | SIGNATURE OF NOTARY | | NOTARY COMMISSION EXPIRES | |
| | Nov 13 19 78 | | <i>Michele C. Shealy</i> | | 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 | | 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 | 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

1097

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|--|---------------------------|----------------------|------------|
| 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>Doris M. Byrnes</i> | <i>Eartha Brown</i> | 11-13-78 |