

DOF 1-25-22

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

Page 2 of 2

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 | | |
| | LESTER DUKES | | | 139-22-002698 | | |
| | Month | Day | Year | City or Town | County | State |
| | BIRTH DATE | JAN | 18 | 1922 | KINGSTREE WILLIAMSBURG | S. C. |
| ITEMS TO BE AMENDED OR CORRECTED | ITEM OMITTED OR IN ERROR | | | BIRTH CERTIFICATE SHOWS | | SHOULD BE |
| | GIVEN NAME | | | MALISSA DUKES | | LESTER DUKES |
| | BIRTH DATE | | | JAN 20 1922 | | JAN 18 1922 |
| | | | | | | |
| AFFIDAVIT | I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Lester Dukes</i> | | | | RELATIONSHIP SELF | |
| NOTARY (AFFIX SEAL) | SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Oct. 22</i> 19 <i>84</i> | | SIGNATURE OF NOTARY <i>Nancy P. Ward</i> | | NOTARY COMMISSION EXPIRES Notary Public, South Carolina State at Large My Commission Expires May 1, 1989 | |
| 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 | |
| ABSTRACT of Supporting Evidence (for health dept. use) | DO NOT WRITE BELOW THIS LINE | | | | | |
| | NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE) | | | | | DATE ORIGINAL DOCUMENT WAS MADE |
| | 1 | Williamsburg Packing Co. Employment Record Kingstree SC | | | | 1972 |
| | 2 | Same as item #1 | | | | |
| | 3 | | | | | |
| | INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE | | | | | |
| | 1 | Lester Dukes | | | | |
| | 2 | January 18 1922 | | | | |
| | 3 | | | | | |
| DHEC No. 613 | ADDITIONAL INFORMATION | | | | | |
| Rev. 2/75 | 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>Carm L. Owens</i> | | EVIDENCE REVIEWED BY <i>Missy Baldwin</i> | DATE FILED 11-5-84 |

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