

# 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	
	Eloise Babcock				139-16-051636	
BIRTH DATE	Month	Day	Year	BIRTH PLACE	City or Town	County
	March	28,	1916		Chester	S. C.
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE
	Given Name			Marietta		Eloise
	Mother's Given Name			Lula		Louise
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>Eloise Babcock M<sup>rs</sup> Lurkin</i>					RELATIONSHIP Self
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Feb. 4 19 76			SIGNATURE OF NOTARY <i>Betty B. Young</i>		NOTARY COMMISSION EXPIRES Aug. 18, 19 81
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 Affidavit by father filed in Clerk of Court's Office at Chester, S. C. <i>(now in custody of Chester Co. Health Dept.)</i>					8-14-44
	2 " " " " "					"
	3					
DHEC No. 613 Rev. 11/73	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE					
	1 Eloise					
	2 Louise					
	3					
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>Lois M. Bryan</i>		EVIDENCE REVIEWED BY <i>Betty B. Young</i>	
					DATE FILED <i>2-12-76</i>	