

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

FD 2/10/22

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 LEONORA MICKLE FERGUSON		STATE FILE OR BIRTH NUMBER 139-22-002773	
	Month BIRTH DATE	Day January 2, 1922	Year 1922	City or Town York
	County York		State South Carolina	
	BIRTH PLACE			
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS	
	Should be		Should be	
	Given name		None Listed	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Leonora Mickle Ferguson Fries</i>		RELATIONSHIP	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON November 16 1984		SIGNATURE OF NOTARY <i>Judith A. Harrison</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 19		SIGNATURE OF NOTARY	
			NOTARY COMMISSION EXPIRES 19 86	

DO NOT WRITE BELOW THIS LINE

APPROVED
(for health dept. use)

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
1	Clerk of Court Affidavit (Vol 8, Page 413) York County, S. C.	Feb 1961
2		
3		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Leonora Mickle Ferguson (DOB 1/2/22)	
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>Ann L. Oulem</i>	EVIDENCE REVIEWED BY <i>Judith A. Harrison</i>
		DATE FILED <i>H-20-84</i>	

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