

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		
	BIRTH DATE	Month Day Year January 2, 1922	BIRTH PLACE	City or Town York	County York	State South Carolina
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR		BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name		None Listed		Leonora Mickle Ferguson	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>X Leonora Mickle Ferguson Jones</i>				RELATIONSHIP	
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON November 16 19 84		SIGNATURE OF NOTARY <i>Judith A. Harrison</i>		NOTARY COMMISSION EXPIRES November 23 19 86	
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



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		

(for health dept. use)

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		ASSISTANT STATE REGISTRAR <i>Ann S. Oulem</i>	EVIDENCE REVIEWED BY <i>[Signature]</i>	DATE FILED H-20-84
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.				

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